

REPORT

OF THE

BOARD OF ADMINSTRATORS

OF THE

CHARITY HOSPITAL

TO THE

GENERAL ASSEMBLY OF THE
STATE OF LOUISIANA

1913

NEW ORLEANS

Marble Tablet in Main Hall of Hospital.

THE CHARITY HOSPITAL. OF LOUISIANA

WAS FOUNDED IN THE YEAR 1786
BY

DON ANDRES ALMONASTER Y ROJAS,

To whose generous endowment, the munificence of the
LEGISLATURE OF THIS STATE,
and the liberality of the State of Pennsylvania, the community is
indebted for the means of erecting this edifice, built in the year
1832.

His Excellency, A. B. Roman, being Governor and Ex-Officio
President of the Institution.

To record which and inscribe hereon the names and contributions
of its distinguished benefactors

THIS TABLET HAS BEEN ERECTED.

Etienne Bore.....	\$1,000.00	Medical Faculty Tu-	3,000.00
Robert Cune.....	1,000.00	lane University.....	1,000.00
Julien Poydras, Real		Robert Jackson.....	72,300.00
Estate.....	35,000.00	W. T. Richards.....	5,000.00
Nancy Davenport.....	500.00	Mrs. H. B. Ringrose.....	
Eugene McCarthy.....	600.00	Mrs. D. A. Milliken.....	1,000.00
R. G. Taylor.....	523.00	Mrs. Julie Ziegler.....	1,000.00
Charles Schmidt.....	500.00	Miss Louise Curta.....	1,000.00
John Burnside.....	10,000.00	Miss Angele Langles.....	500.00
Charles Macready.....	1,500.00	Arthur Isnard.....	
Mrs. Emma Ingram,		Italian Colony and	1,000.00
Real Estate.....	4,000.00	Duke D'Abruzzi.....	2,500.00
Stephen Henderson,		Albert Derbigny.....	50,000.00
Cotton Press prop'y	45,000.00	A. C. Hutchinson.....	875.00
R. Y. Charnbury.....	1,000.00	William Smith.....	500.00
Jules Cassard.....	3,000.00	J. A. Vignaud.....	1,710.00
Caroline E. Simms.....	500.00	Sarah J. Young.....	180,000.00
P. B. O'Brien.....	2,000.00	Isaac Delgado.....	20,000.00
Mrs. Julia Breen.....	1,000.00	Mrs. Sam'l Delgado.....	
Charlotte Piffet.....	1,800.00	Mrs. Caroline S. Tilton	1,000.00
Jean Ferran.....	3,000.00	Manuel Abascal.....	
Pierre Claude Samory	1,500.00	Graduate Nurses,	500.00
V. J. Wood.....	500.00	Class of 1910.....	10,000.00
Wm. H. Letchford.....	1,000.00	F. T. Howard.....	500.00
Thomas Smith.....	2,500.00	Dr. J. L. Sexton.....	1,000.00
Jean F. Schweitzer.....	20,000.00	Widow. J. Hy. Boiman	
Robert Moore.....	5,000.00	Neomie Victoire Bru-	500.00
Thomy Lafon.....	25,600.00	gier.....	500.00
A. M. Miles, M. D.....	10,000.00	Hippolyte Garrott.....	
N. O. Polyclinic.....	1,000.00	Ed. Rosenberg.....	
		John Rawlins Smith.....	500.00

Board of Administrators

HIS EXCELLENCY, LUTHER B. HALL, *Ex-Officio President.*

FRANK B. HAYNE, *Vice-President.*

CHAS. A. FARWELL,	J. B. SINNOTT,
ORLOFF LAKE,	WM. E. STAUFFER,
ARSENE PERRILLIAT,	EDGAR B. STERN,
ROBT. W. WILMOT.	

FINANCE COMMITTEE.

J. B. SINNOTT, *Chairman.*

WM. E. STAUFFER,	EDGAR B. STERN.
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HOUSE COMMITTEE.

CHAS. A. FARWELL, *Chairman.*

ORLOFF LAKE,	ARSENE PERRILLIAT.
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MEDICAL COMMITTEE.

FRANK B. HAYNE, *Acting Chairman.*

CHAS. A. FARWELL,	ROBT. W. WILMOT.
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Secretary-Treasurer.

FRED. W. MATTHEWS.

Hospital Staff

Superintendent.

C. D. WILKINS, M. D.

Admitting Physician.

H. L. STARING, M. D.

Registrar

G. FARRAR PATTON, M. D.

Resident Medical Officers.

W. B. CHAMBERLIN, M. D., L. B. CRAWFORD, M. D.,
L. A. FORTIER, M. D.

Director Pathological Department

C. W. DUVAL, M. D.

Pathologist

M. J. COURET, M. D.,

Assistant Pathologist

H. W. WADE, M. D.

Directress of Nurses and in Charge of Housekeeping Department

SISTER MARY AGNES.

Superintendent of Nurses

SISTER DOLORES.

Chemist and Druggist

JOSEPH P. WALKER.

Engineer

JOHN PONDER.

Carpenter

JULIUS PORBES.

Visiting Staff

Consulting Surgeon
ERNEST S. LEWIS, M. D.

DEPARTMENT OF EAR, NOSE AND THROAT.

Chiefs of Service

(Also Supervising Out-patient Work)

H. DUPUY, M. D., O. JOACHIM, M. D.,
C. J. LANDFRIED, M. D.

Visiting Surgeons.

S. M. BLACKSHEAR, M. D. J. P. LEAKE, M. D.,
L. DEPOORTER, M. D., J. P. O'KELLY, M. D.

Assisting Visiting Surgeons.

P. BERGE, M. D., I. IRWIN, M. D.,
J. A. ESTOPINAL, M. D., A. MCSHANE, M. D.,
A. B. GAUDET, M. D., W. T. PATTON, M. D.,
M. D. HASPEL, M. D., C. A. WEISS, M. D.

DEPARTMENT OF EYE.

Chiefs of Service.

(Also Supervising Out-patient Work)

T. J. DIMITRY, M. D., M. FEINGOLD, M. D.,

Visiting Surgeons

J. B. LAROSE, M. D., V. C. SMITH, M. D.

Assisting Visiting Surgeons.

C. A. BAHN, M. D., J. S. DUNN, M. D.,
H. A. VEAZIE, JR., M. D.,

DEPARTMENT OF GENITO-URINARY DISEASES.

Chiefs of Service.

(Also Supervising Out-patient Work)

CHAS. CHASSAIGNAC, M. D., J. HUME, M. D.,
A. NELKEN, M. D.

Visiting Surgeons

S. P. DELAUP, M. D., P. J. GELPI, M. D.,
S. LOGAN, M. D.

Assisting Visiting Surgeons.

J. D. FULTON, M. D., A. B. LETTEN, M. D.,
P. J. KAHLE, M. D., R. J. MAINEGRA, M. D.,
H. W. E. WALTHER, M. D.,

DEPARTMENT OF GYNECOLOGY AND OBSTETRICS.

Chiefs of Service.

(Also Supervising Out-patient Work)

S. M. D. CLARK, M. D.,	PAUL MICHINARD, M. D.
WM. KOHLMANN, M. D.	C. JEFF. MILLER, M. D.

Visiting Surgeons

J. BARNETT, M. D.,	E. L. KING, M. D.,
C. N. CHAVIGNY, M. D.,	H. W. KOSTMAYER, M. D.,
H. S. COCRAM, M. D.,	M. T. LANAUX, M. D.,
J. G. DEMPSEY, M. D.,	J. NEWMAN, M. D.
C. A. M. DORRESTEIN, M. D.,	W. D. PHILLIPS, M. D.,
MAURICE GELPI, M. D.,	P. B. SALATICH, M. D.,
C. W. GROETSCH, M. D.,	M. A. SHLENKER, M. D.,
C. P. HOLDERITH, M. D.,	E. H. WALET, M. D.

Assisting Visiting Surgeons.

F. R. GOMILA, M. D.	H. E. NELSON, M. D.,
G. J. HAUER, M. D.,	P. T. TALBOT, M. D.,
J. S. HERBERT, M. D.,	T. J. WALSH, M. D.,
E. A. JURGELWICZ, M. D.,	C. A. WALBILICH, M. D.

DEPARTMENT OF MEDICINE.

Chiefs of Service.

(Also Supervising Out-patient Work)

GEO. S. BEL, M. D.,	J. T. HALSEY, M. D.,
J. B. ELLIOTT, JR., M. D.,	G. F. PATTON, M. D.,
J. M. ELLIOT, M. D.,	C. WELLMAN, M. D.

Visiting Physicians.

E. F. BACON, M. D.,	I. I. LEMANN, M. D.,
C. C. BARR, M. D.,	O. LERCH, M. D.,
E. M. DUPAQUIER, M. D.,	E. W. MAHLER, M. D.,
W. J. DUREL, M. D.,	E. MOSS, M. D.,
C. L. ESHLEMAN, M. D.,	W. H. SEMANN, M. D.
J. B. GUTHRIE, M. D.,	S. K. SIMON, M. D.,
J. B. HART, M. D.,	J. A. STORCK, M. D.,
E. M. HUMMEL, M. D.,	C. V. UNSWORTH, M. D.,
H. P. JONES, M. D.,	R. M. VAN WART, M. D.,
H. D. KING, M. D.,	A. WEBER, M. D.,
B. A. LEDBETTER, M. D.,	J. D. WEIS, M. D.

Assisting Visiting Physicians.

M. E. BROWN, M. D.,	J. L. LEWIS, M. D.
J. C. COLE, M. D.,	H. J. LINDNER, M. D.,
H. DASPIT, M. D.,	MAUD LOEBER, M. D.,
M. J. DEMAHY, M. D.,	W. A. LOVE, M. D.,
A. C. EUSTIS, M. D.,	R. LYONS, M. D.,
A. E. FOSSIER, M. D.,	C. P. MAY, M. D.,
S. C. JAMISON, M. D.	J. S. MULLER, M. D.,
F. E. LAMOTHE, M. D.,	J. A. O'HARA, M. D.,
J. E. LANDRY, M. D.,	G. K. PRATT, JR., M. D.,

DEPARTMENT OF ORTHOPEDICS—SURGICAL DISEASES
OF CHILDREN.

Chiefs of Service.

(Also Supervising Out-patient Work)

E. D. FENNER, M. D.,	E. S. HATCH, M. D.,
J. F. OECHSNER, M. D.,	

Visiting Surgeons

G. K. LOGAN, M. D.,	P. A. MCILLHENNEY, M. D.
S. G. WILSON, M. D.,	

Assisting Visiting Surgeons.

F. T. BROWN, M. D.,	J. H. PAGE, M. D.,
JOS. LEVY, M. D.	A. S. YENNI, M. D.,

DEPARTMENT OF PEDIATRICS.

Chiefs of Service.

(Also Supervising Out-patient Work)

C. A. BOREY, M. D.,	W. W. BUTTERWORTH, M. D.,
L. R. DEBUYS, M. D.	

Visiting Physicians.

M. S. PICARD, M. D.,	C. H. RICE, M. D.,
R. A. STRONG, M. D.	

Assisting Visiting Physicians.

J. SIGNORELLI, M. D.,	D. P. WEST, M. D.
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DEPARTMENT OF SKIN.

Chiefs of Service.

(Also Supervising Out-patient Work)

I. DYER, M. D.,	H. E. MENAGE, M. D.,
J. N. ROUSSEL, M. D.	

Visiting Physicians.

L. L. CAZENAVETTE, M. D.	R. A. ORIOL, M. D.
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DEPARTMENT OF SURGERY.

Chiefs of Service.

(Also Supervising Out-patient Work)

J. M. BATCHELOR, M. D.,	E. D. MARTIN, M. D.,
J. A. DANNA, M. D.,	R. MATAS, M. D.,
H. B. GESSNER, M. D.,	F. W. PARHAM, M. D.,
F. A. LARUE, M. D.,	J. SMYTH, M. D.,
S. W. STAFFORD, M. D.	

Visiting Surgeons

C. W. ALLEN, M. D.,	L. LEVY, M. D.
I. COHN, M. D.,	U. MAES, M. D.,
C. G. COLE, M. D.,	M. H. MCGUIRE, M. D.
E. D. FRIEDRICHS, M. D.,	W. M. PERKINS, M. D.,
J. A. HENDERSON, M. D.,	J. F. POINTS, M. D.,
A. JACOBY, M. D.,	L. M. PROVOSTY, M. D.
A. C. KING, M. D.,	E. J. RICHARD, M. D.,
L. H. LANDRY, M. D.,	W. T. RICHARDS, M. D.
W. W. LEAKE, M. D.,	R. E. STONE, M. D.,
E. L. LECKERT, M. D.,	W. R. STRANGE, M. D.,
MARION SOUCHON, M. D.,	

Assisting Visiting Surgeons.

C. J. BORDENAVE, M. D.,	J. M. HOUNTHA, M. D.,
JOS. CIRINO, M. D.	HY. LEIDENHEIMER, M. D.,
J. D. DAVID, M. D.,	J. W. LINDNER, M. D.,
J. T. DEGRANGE, M. D.,	J. T. NIX, M. D.,
P. C. DEVERGES, M. D.,	R. T. PERKINS, M. D.,
S. GEISMAR, M. D.,	E. F. SALERNO, M. D.,
R. B. HARRISON, M. D.,	L. SEXTON, M. D.,
J. G. HIRSCH, M. D.,	J. W. A. SMITH, M. D.,
A. O. HOEFELD, M. D.,	G. H. UPTON, M. D.,

X-RAY DEPARTMENT.

Roentgenologists

A. GRANGER, M. D.,	A. HENRIQUES, M. D.,
E. C. SAMUEL, M. D.	

(The Staff is here shown as re-organized October 1, 1913.)

Interne Staff

Seniors

A. M. AMES, M. D.,	WM. S. HAMILTON, JR., M. D.,
C. R. BERRY, M. D.,	C. S. HOLBROOK, M. D.,
E. A. BERTUCCI, M. D.,	A. JACOBS, M. D.,
E. M. BLOCH, M. D.,	J. MCKOWEN, M. D.,
M. BRADBURN, M. D.,	W. C. PAYNE, M. D.,
W. P. BRADBURN, M. D.,	W. F. SCOTT, M. D.,
N. A. BUSSEY, M. D.,	A. W. STRAUSS, M. D.,
P. GRAFFAGNINO, M. D.,	M. WOLF, M. D.

Juniors

D. ADIGER, M. D.,	J. F. LIEBERMAN, M. D.,
R. BERNHARD, M. D.,	T. A. MAXWELL, M. D.,
A. R. COMEAUX, M. D.,	A. G. MCHENRY, M. D.,
G. A. CRONAN, M. D.,	D. H. PALMISANO, M. D.,
W. O. D. JONES, M. D.,	J. G. SANDERS, M. D.,
W. Q. KERLIN, M. D.,	E. C. SIMONTON, M. D.,
T. F. KIRN, M. D.,	I. TEDESCO, M. D.,
P. T. LANDRY, M. D.,	B. TILLERY, M. D.,
H. D. VAN SCHAICK, M. D.	

PATHOLOGICAL DEPARTMENT.

Senior

J. C. WALKER, M. D.

Junior

C. T. DUFNER, M. D.

Vice-President's Report

NEW ORLEANS, LA., February 16th, 1914.

To His Excellency, Governor Luther E. Hall:

The income of the Hospital from State appropriation, \$186,000.00; licenses, slaughterhouse fees, auction sales, gate fees, etc., \$53,353.31 (this latter amount subject to fluctuation); total income from all sources for maintenance, \$239,353.31.

Disbursements for the year.....	\$235,241.53
Plus bills carried over unpaid.....	15,463.47

	\$250,705.00
Less receipts	239,353.31

Deficit for the year.....	\$ 11,351.69
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Sums received from legacies, which should properly belong to the Special Fund, but have not been turned into general maintenance, \$11,633.22. Adding this to the deficit, would make a total deficit of \$22,984.91.

Two thousand eight hundred dollars was contributed by Mrs. Milliken, which was expended on the galleries around the Milliken Building.

While the deficit is not as large as it was for the year 1912, it is very evident that the present appropriation from the Legislature is not sufficient to run the Hospital.

During the year the following donations and legacies were received from various individuals in small sums as shown in list of donations, \$720.92; \$1,000, Ed. Rosenberg will; \$6,239.01, Mrs. Caroline Standard Tilton's will; \$4,394.21, income on Isaac Delgado Endowment Fund.

With the patients remaining over January 1st, 1913, and the admissions, there were treated during the year 15,056, about 1,162 more than in 1912. Of the admissions 8,405 were white and 5,944 were colored. Of the white

adults, males, 4,356; females, 2,433; boys, 929; girls, 687. Of the colored adults, males, 2,994; females, 2,350; boys, 317; girls, 283. The deaths numbered 1,766, more by 134 than in 1912. The gross death rate was 11.72 per cent., and the net, leaving out subjects for coroner's inquest, of which there were 220, and other deaths within 24 or 48 hours, reduces the percentage to 7.9. In the white and colored maternity service there were 523 obstetrical cases and births, with a maternal mortality of 3.4 per cent. The ambulance calls numbered 2,464; surgical cases brought by ambulance, 1,472. The total number of accident cases, 13,774. Operations performed in Miles Amphitheatre, 2,890; in the Delgado Memorial, 2,766; total number during the year, 5,656. In the outclinics 27,644 were treated, and 107,196 consultations given. Prescriptions filled by the chemist, 63,297. In the Pathological Department 18,132 specimens were examined. In the Pasteur Institute 899 applied, of whom 252 were treated, with no deaths recorded. The Registrar reports 14,870 tabulated histories.

The training school for nurses shows a total enrollment of 101 during the year. Of this number there were graduated 38. The Senior Class of 1914 will comprise 41 pupils, and the Junior Class 25.

In concluding my last annual report I stated that Dr. Goldwater had completed his investigation of conditions at the Hospital and that we hoped soon to receive this report, and added that until we received same "We would not attempt to describe our impression of existing conditions or make recommendations for the future, but that after we had familiarized ourselves with the information and recommendations it contained we would energetically take up the problem of the proper organization and administration of the Hospital."

We received Dr. Goldwater's report in March, and while we knew from his reputation as a specialist in hospital management that it would give valuable and instructive information to all connected with the Hospital, I cer-

tainly can say that it more than met the expectations of every member of the Board. A more able, thorough and conscientious report was never printed, and in my opinion it should be the "*Vade mecum*" of every member of every Board of Administrators, and that practically every suggestion recommended by him in time should be carried out.

Dr. Goldwater stated: "Of fundamental importance is the appointment of an executive officer, who should be charged by the Board of Administrators with the responsibility for the management of the Hospital, and answerable to the Board for the maintenance of order and the enforcement of the laws and rules governing the institution. This officer should be free from any duties in connection with the actual treatment of patients." Very few of the other recommendations of Dr. Goldwater could be carried out until the Board had decided who would be appointed to fill this most important office. After a great deal of correspondence we succeeded in obtaining the services of Dr. C. D. Wilkins, of Wilkes Barre, Pa., who was unable, however, to take charge of the Hospital before October 1st. Judging from what he has accomplished in the last three months the Committee who were appointed to fill this office feel satisfied that they made no mistake in their selection, and that the Charity Hospital is very fortunate in having a gentleman of such wide experience and so thoroughly competent in charge of its affairs.

The next recommendation of Dr. Goldwater was that the Visiting Staff of the Hospital should be re-constituted. This was probably the most difficult problem that our Board had to face. It was appreciated by all members of the Board that our first duty was towards the patients in the Hospital, and that it was absolutely necessary that they should not suffer or be inconvenienced in any way by these changes, and I think the Board can congratulate themselves that this was actually accomplished. It is my opinion that the chief credit for this is due to Mr. J. P. Blair, who was then Chairman of the Medical Committee, but who, unfortunately, has moved to New York, where he now resides,

and was forced to resign from the Board. But for the diplomacy, ability and energy of Mr. Blair I do not think that this radical change in the management of the Hospital could possibly have been brought about with so little friction.

I feel confident that the present system will always be continued in the management of the Hospital, and Mr. J. P. Blair should always be gratefully remembered by everyone who takes an interest in the Charity Hospital of Louisiana for the services he rendered while one of the Board of Administrators.

The Charity Hospital is certainly most fortunate in having a Visiting Staff who in ability and devotion to their duties is second to that of no hospital in this country, and our Board certainly owe them our thanks for their devoted efforts in trying to make this an institution to which every citizen of Louisiana can point with pride.

Dr. Goldwater severely criticized the management of the Pathological Department, and the Board has made very radical changes in this Department, and I think, in a short time, not only will the statistical returns of the work of the Pathological Laboratory be a great credit to the Hospital and a benefit to medical science; the efficiency of the Department greatly improved, but there will also be a saving to the Hospital from this Department of from \$600 to \$700 per month. We hope in time that this Department will not only furnish all the serums needed by the Hospital, but that we will be able to distribute these serums throughout the State, so that the people of Louisiana will more fully realize that the Charity Hospital is not a local, but a State institution.

Another very serious problem before the Board was the sleeping accommodations for our employees, which Dr. Wilkins fully describes in his report. I think, however, we have recently solved the question by leasing for a term of five years the Polyclinic Building on Tulane Avenue. This building will be used hereafter for our various clinics, and

the space they vacate will afford us room to give suitable quarters for our help. This will enable us to employ a very much better class of help, and will be of material benefit to the Hospital.

One very important change that has been made is inaugurating the modern system of hospital bookkeeping which will enable us to ascertain the cost of each department in the Hospital; the cost per capita of the patients, and materially assist us in financing the Institution.

While, as stated before, we believe that practically every recommendation of Dr. Goldwater should be carried out, I regret to say that many of them that are of the utmost importance cannot be considered for some time to come for lack of sufficient funds, or until we obtain a better annual revenue than we do now. In some things we challenge comparison with any institution of its kind, thanks to the Sisters of Charity, the cleanliness and general appearance of neatness that pervades the Hospital, must cause favorable comment by everyone, but in many details, as is shown in Dr. Goldwater's report, and now in to-night's report of Dr. Wilkins, we are woefully deficient.

The total admissions have increased since last year 11 per cent. and the chances are that in 1914 there will be a still further increase. The Legislature must certainly take this into consideration and increase its appropriation at least 15 per cent. I wish that every member of the Legislature could visit the Hospital, see the amount of good that is being done, the amount of suffering that is now being relieved, and I think they would then realize how much more could be done if we had the necessary funds.

A gentleman who wishes his name withheld contributed \$4,000.00 to assist in giving better facilities for the handling of the tuberculosis patients. This money was badly needed, and I feel sure this donation will be the means not only of relieving the sufferings but, perhaps, of saving the lives of many of this unfortunate class of patients. Every citizen of Louisiana should take a pride in this great insti-

tution, and if others of our wealthy citizens who have money to spare for charitable purposes would try to acquaint themselves with its needs, I feel sure that many of them would try to emulate this generous donor.

This has been a momentous year in the history of the Hospital, as there has been a complete change in the system of management. I believe, however, that, thanks to the hearty co-operation that has been given our Board by everybody connected with the Hospital, even by those who did not at first approve of any change in the system, that everyone must now acknowledge that this change was needed, and that the Hospital has been improved thereby, and I feel confident that the present system will always be continued.

Thanking all the members of the Board for the cheerful and conscientious manner in which they have carried out all the arduous duties assigned them during the past year, I am,

Yours respectfully,

FRANK B. HAYNE,

*Vice-President of the Board of Administrators
of the Charity Hospital of Louisiana.*

Report of Committees from Board

FINANCE COMMITTEE.

NEW ORLEANS, Feb. 16th, 1914.

To the Vice-President and Members of the Board of Administrators:

GENTLEMEN—The cash statement shows a balance on hand in all, December 31st, 1913, \$37,356.24, which amount is verified by the accompanying report of the Supervisor of Public Accounts, whose duty it is to check in detail the accounts of the Treasurer.

On June 3rd, 1913, Captain L. P. Delahoussaye, late Secretary-Treasurer, died suddenly, and his office was temporarily conducted by Mr. C. A. Adolph until the election of Mr. Fred. W. Matthews, who assumed charge officially July 1st, 1913, as Secretary-Treasurer.

During the year this committee asked for bids from the different banks in the city for the deposit of the funds of the Hospital. The following banks were the successful bidders:

Commercial National Bank.

City Bank and Trust Company.

Metropolitan Bank.

Whitney-Central Trust and Savings Bank.

It is with pride that we call your particular attention to several bequests made to the Charity Hospital during the year:

Mrs. Caroline Woolfarthe Zeller, New Orleans.

Mrs. Louis Schwarz, New Orleans.

Mrs. Oneida Darsee, New Orleans.

Mr. Joseph Rawlins Smith, died at Devonshire House, Paris, March, 1913.

Mr. Jefferson Davis McGuigin, New Orleans.

Mr. Fergus G. Lee, New Orleans.

By the will of Mrs. Caroline Stannard Tilton we received during the year the sum of \$6,239.01 in cash and \$10,000.00 in 7 per cent. Morgan's Louisiana & Texas R. R. & S. S. Company's Bonds. By the will of Mr. Ed. Rosenberg, \$1,000.00 in cash. From the endowment fund of Isaac Delgado, through the Trustees, \$4,394.21.

Your Committee desires to state the necessity, particularly at this time, that the City of New Orleans should make some provision for an Isolation Hospital, or make some appropriation to the Charity Hospital, which is at present caring for such patients, all of whom come from this city. In addition to this, the ambulance maintained by the Charity Hospital performs a duty which is largely local. I believe that if these matters are properly called to the attention of the city government they would readily recognize the justice of our claim and respond accordingly.

The large increase in admissions over the year 1912 surely justifies us in asking the General Assembly to increase our appropriation.

Respectfully submitted,

J. B. SINNOTT,

Chairman Finance Committee.

MEDICAL COMMITTEE.

NEW ORLEANS, October 20, 1913.

To the Board of Administrators of the Charity Hospital:

GENTLEMEN—The Medical Committee submits the following report: At the date of its last report, July 21st, 1913, this Committee was at work upon a plan of organization of the Hospital on its medical side to go into effect on October 1st of this year, the date when the Superintendent, Dr. Wilkins, was to begin the duties of his office. The substitution of a superintendent for the previous system of administration necessitated changes in the constitution both of the Visiting Staff and of the Resident Staff. To prevent confusion and to provide for the proper and uninterrupted care of the patients these changes had to be provided for

beforehand and put into effect on the day when the House Surgeon was replaced by the Superintendent. This Committee in its report of July 1st submitted a general outline of a plan of organization of the Hospital on its medical side, to go into effect on October 1st, which it had worked out and under which it believed the new regime could be successfully inaugurated. This report was approved by the Board and the Medical Committee was fully authorized to make and put into effect all the arrangements and changes necessary to put the new system in force on October 1st, along the lines indicated in its report.

In the exercise of the authority thus conferred upon it the Medical Committee reconstructed, graded and classified the Visiting Staff, made a distribution and assignment of the services in the Hospital, increased and strengthened the Resident Staff, and made and promulgated rules for the government of the Hospital on its medical side. The object of this preparatory work was to provide an organization, to go into effect on October 1st, under which every service in the Hospital would be taken care of. This Committee throughout was aided and assisted by Committees of the Visiting Staff and by Dr. Wilkins. The latter gave a week of his time in July last and anticipated his term of office by a week in September to assist the Committee.

It is needless to inform the Board that at the appointed time Dr. Wilkins took charge of the Charity Hospital as its first Superintendent. From the information and reports which have reached us from many different sources we are justified in believing that the change in the system of administration took place without harm to the patients and with a minimum of confusion and friction, and that during the three weeks of its existence the new organization has worked well and has been equal to all emergencies. It is very gratifying to be able to state that the entire working staff of the Hospital have co-operated loyally and efficiently with the Superintendent to make the new regime a success.

The Board is familiar with the changes which have

been made in the organization of the medical side of the Hospital. They are now embodied in this report, with the rules adopted so far, in order to make them a matter of record.

The organization, so far as it relates to the Visiting Staff, provides for the following classification or gradation:

1. Chief Visiting Surgeon, Chief Visiting Physician, Chief Visiting Gynecologist, etc.

2. Visiting Surgeon, Visiting Physician, Visiting Gynecologist, etc.

3. Assistant Visiting Surgeon, Assistant Visiting Physician, Assistant Visiting Gynecologist, etc.

The divisions of the services, the number of Chiefs of each division, and the names of the chiefs selected are as follows:

Surgical Division—Nine Chiefs:

Doctors Matas, Parham, Gessner, Smyth, Martin, Larue, Danna, Stafford and Batchelor.

Medical Division—Six Chiefs:

Doctors J. B. Elliott, Jr., Halsey, Bel, Wellman, Patton, J. M. Elliot.

Gynecological and Obstetrical Division—Four Chiefs:

Doctors Michinard, Miller, Clark and Kohlmann.

Division of Children's Diseases, Medical—Three Chiefs:

Doctors Butterworth, DeBuys, Borey.

Orthopedics and Surgical Diseases of Children's Division—Three Chiefs:

Doctors Fenner, Oechsner, Hatch.

Ear, Nose and Throat Division—Three Chiefs:

Doctors Landfried, Joachim, Dupuy.

Eye Division—Two Chiefs:

Doctors Feingold, Dimitry.

Skin Division—Three Chiefs:

Doctors Dyer, Menage, Roussel.

Genito-Urinary Division—Three Chiefs:

Doctors Chassaignac, Hume, Nelken.

Each Visiting Chief has been assigned the wards, beds, and outdoor clinics for which he is to be responsible. The remainder of the Visiting Staff have been graded and assigned to the different Chiefs. The Medical Committee has for the present accepted the classification made by the Chiefs of Service, each selecting the Doctors to work under him.

As to the Resident Staff, the number of internes has been increased from 31 to 36, to correspond to the number of Chiefs of Service. The Resident Staff has been strengthened by the addition of four resident medical officers who will live at the Hospital. These senior internes form an important part of the medical force. The position is one of honor and responsibility. Doctors Parham, Dupuy and Gessner were appointed a Committee to recommend the four resident medical officers. On their recommendation the following were appointed and assumed their duties on October 1st: Dr. Lewis B. Crawford and Dr. Lucien A. Fortier, to be Resident Surgeons; Dr. W. B. Chamberlin to be Resident Gynecologist and Obstetrician; Dr. Houston L. Staring to be Resident Physician. The compensation of each was fixed at fifty dollars (\$50) per month. These are all men who have had two years' residence as Internes in the Charity Hospital, and at least one year's experience after graduation from the Hospital. Of course, under the new regime the Visiting Staff are responsible, each for the patients in his charge, and are subject to respond to call at all times for major emergencies.

The following sets of rules for the administration of the Hospital under the foregoing organization were adopted and promulgated on October 1st, 1913:

RULES FOR THE VISITING STAFF.

1. The Visiting Physicians and Surgeons shall daily visit all patients in their respective departments, shall make all necessary prescriptions, and give all necessary orders for the care, treatment and diet of the patients and shall see that their prescriptions and orders are correctly written down and executed by the Internes and Attendants; and they shall forthwith notify the Superintendent of any neglect or inefficiency on the part of such Interne or Attendant.

2. They shall make such visits, other than the regular morning visits, as in their opinion shall be necessary, and shall attend in any case of emergency whenever summoned by the Superintendent, or the Resident Medical Officers.

3. They shall keep, or cause to be kept by the Internes, full records of the cases and treatment of all patients under their care. No such record shall be taken from the premises and no abstracts shall be made from them by anyone except by permission of the Superintendent.

4. They shall daily report to the Superintendent the names of all patients who, in their opinion, have received all the benefit which they will derive from treatment in the Hospital and should be discharged.

5. Each member of the Visiting Staff shall, upon each of his visits, register the time of his arrival and departure in a book prepared for that purpose.

RULES FOR THE RESIDENT MEDICAL OFFICERS.

1. The four Resident Medical Officers shall be two Resident Surgeons, one Resident Physician, one Resident Gynecologist and Obstetrician. They shall be of equal rank.

2. They shall give their entire time to the Hospital.

3. They shall have supervision over the Internes in their respective departments, both as to conduct and as to medical duties.

4. They shall have supervision of emergency cases of all kinds. They may care for or cause to be cared for by the Internes under their direction all simple fractures and dislocations of the extremities (when no organ is injured), lacerations and contusions not involving internal organs. For more serious injuries they shall notify the Visiting Staff and carry out such directions as may be given them by the Visiting Physician or Surgeon so notified.

5. Two Resident Medical Officers shall be on duty at all times. All four shall be on duty during the morning hours.

6. One of the four Resident Medical Officers shall be in some stated place in the Hospital at all times where he may be reached at once in case of an emergency.

7. They shall assist in the admission of patients.

8. They shall respond to all calls for advice from Internes in the treatment of patients in the absence of the Visiting Staff.

9. They shall see that all the orders left by the Visiting Staff are carried out fully, and that changes are not made by Internes save in emergencies.

RULES FOR INTERNES.

1. Internes shall reside constantly at the Hospital. They shall be under the authority of the Superintendent and subject to the rules of the institution and to the orders of the Visiting Staff.

2. No interne shall engage in private practice during his term of service nor receive directly or indirectly any fee or emolument from a patient.

3. They shall perform such duties and carefully and promptly obey and execute all such instructions and directions in regard to the observation, care and treatment of the patients as shall be assigned and given them by the Visiting Staff, Superintendent and Resident Medical Officers.

4. They shall accompany the physicians and surgeons to whose service they are assigned in their daily visits; shall take down their orders in writing, and shall make the necessary records of the conditions, treatment and diet of the patients.

5. They shall report through the Resident Medical Officers to the Superintendent every instance in which a patient fails to receive attention, and shall refer all matters relating to the government of attendants, orderlies and nurses, and requiring reprimand or discipline, to the Superintendent.

6. They shall note any important change in the condition of patients and shall inform the Resident Medical Officers thereof, and shall at once notify him that the patient is in a serious condition, or, if there is doubt, in regard to the condition or symptoms.

7. They shall not administer a general anesthetic, make any incisions, nor perform any surgical operation except by the express direction of the surgeon or physician in attendance or one of the Resident Medical Officers.

8. They shall not issue or publish any report nor communication in regard to any case in the Hospital except with the approval of the physician or surgeon in whose service such case has been treated and the consent of the Superintendent.

On the advise of the Advisory Committee (the constitution of which is hereafter explained), concurred in by the Superintendent, the following additional rules were adopted and promulgated on October 9th, 1913:

ADMISSION OF PATIENTS.

All cases admitted to the Hospital shall be assigned by rotation to each service. When beds are not available, the assignment shall be made to the next service in order of rotation.

Any patient referred to the Hospital by any member of the Visiting Staff may be assigned to the service of the

member making the reference, but such assignment shall be charged to that service.

TRANSFER OF PATIENTS.

Transferred patients shall be considered new patients and assigned according to the rules for admission of patients.

Any Chief of Service may call the Chief of any other service in consultation in regard to transfer of a patient from one service to another.

CARE OF SURGICAL EMERGENCY CASES.

Amphitheatre attention to emergency cases shall be given by the respective services in rotation on fixed calendar days.

MISCELLANEOUS.

No case shall be given anesthesia without proper admission to the Hospital, nor shall any case be treated in the Hospital without admission to some Department.

Foreseeing that the Board and its various Committees, as well as the Superintendent, would have frequent occasion to consult or advise with the Visiting Staff, and believing that a Committee composed of all thirty-six chiefs of service would be too large, the Medical Committee determined to form a Medical Advisory Committee, to consist of nine members, all of whom must be chiefs, and distributed as follows:

Three (3) to represent the surgical divisions (including the Division of Gynecology and Obstetrics). Three (3) to represent the medical divisions (including the Divisions of Children's Diseases and Neurology). Three (3) to represent the special divisions (including Genito-Urinary, Skin, Eye, Ear, Nose and Throat, and Orthopaedics).

In order that the teaching and non-teaching members of the Visiting Staff might have representation on this Com-

mittee in proportion to their relative numbers and services, it was provided that one member from each of the above classes should be a non-teacher. The thirty-six chiefs of service, from which the Advisory Committee is selected, consist of twenty-four teachers and twelve non-teachers. This corresponds substantially with the numbers and services respectively of the teachers and non-teachers on the Visiting Staff for some time past.

The Medical Advisory Committee will annually make nominations to the Board of Administrators of members of the Visiting Staff for the ensuing year. But it is to be distinctly understood that nominations and applications may reach the Board through independent sources. The members of the Advisory Committee shall serve for terms of three years, the terms to overlap so that the terms of three members shall expire each year.

The Medical Committee deems it best to make no recommendations at the present time as to the mode of selecting the members of this Committee hereafter. It believes that further action in respect to the Advisory Committee should be taken after a few months' working of the present organization shall have suggested the proper course to pursue.

The Medical Committee appointed to membership of the first Advisory Committee Dr. Charles Chassaignac, Dr. Isadore Dyer and Dr. J. A. Danna, for three years; Dr. E. D. Martin, Dr. J. B. Elliott and Dr. Homer Dupuy, for two years; and Dr. George S. Bel, Dr. H. B. Gessner, and Dr. J. M. Elliot for one year. Doctors Dana, Dupuy and J. M. Elliot declined appointment on the Committee. Their declination was based on the fact that the non-teaching members of the Visiting Staff had met and resolved that they were entitled to equal numerical representation on the Advisory Committee. A committee of the non-teachers memorialized the Medical Committee to give them equal numerical representation on the Advisory Committee, irrespective of the proportion their numbers bore to the entire

Visiting Staff and irrespective of the proportion which the number of the services filled by them bore to the entire services in the Hospital. The Medical Committee were unanimously of the opinion that it would not be reasonable or fair to the other members of the Visiting Staff to establish any such rule or principle for the constitution of the Advisory Committee or other committees which might from time to time be created. On account of this difference of opinion the three non-teaching members selected for the Medical Advisory Committee have declined to serve. The remaining members appointed accepted, organized by the election of Dr. Gesaner to be chairman, and have rendered very valuable services to the Medical Committee in all features of its work. We recommend that for the present the Medical Advisory Committee remain as at present constituted.

There is appended to this report a complete list of the Visiting Staff, graded and classified, with a detailed statement of the assignment of services. We recommend that this Appendix be kept by the Secretary for reference. We further recommend that the scheme of graduation or classification of the Visiting Staff and the rules embodied in this report be copied into the minutes.

J. P. BLAIR, *Chairman*;
FRANK B. HAYNE,
CHARLES A. FARWELL.

REPORT OF HOUSE COMMITTEE.

NEW ORLEANS, LA., March 26th, 1914.

*To the Members of the Board of Administrators of the
Charity Hospital of Louisiana:*

We beg to submit for your consideration the following report of the House Committee:

1. During the year the automobile ambulance No. 3 was overhauled and repaired by the Abbott Automobile Co. The cost was paid by Rev. A. R. Edbrooke.

2. A new ceramic tile floor with border was placed in the kitchen, thereby making it very much lighter and easy to keep clean.

3. Through the kindness of the city administration and Messrs. Dunbars, Lopez & Dukate we were enabled to pave Villere street from Canal to Tulane Avenue with shells, thereby making it much easier for the ambulance to get in from Canal street, and shortening the distance on calls.

4. Thirty new beds were purchased for the Maternity Ward of the Milliken Memorial at a cost of \$11.00 each.

5. A new sprinkler wagon was purchased for sprinkling the streets in and about the Charity Hospital.

6. We also purchased a new automobile ambulance No. 2 (Pierce-Arrow) at a cost of a little over \$1,000.00. This car was put in shape by Lyons-Barton Motor Car Co., at very little cost to the Hospital.

7. We have also established a Branch Laboratory for chemical and microscopical examination of urine, blood, etc., on the upper floor of the Milliken Building.

8. The ambulance house was struck by lightning in June and caused a very small damage.

9. We have also established special ambulance service for Algiers, which consists of a well-equipped ambulance with one horse, making it very easy to cross the ferry.

10. A system was also established of one-way tele-

phone line into the Charity Hospital, whereby anyone wishing the ambulance has only to call "Ambulance," and gets an immediate answer. In this way, and with the new system of having four doctors on duty all the time, special ambulance work in comparison with January of last year, there is a saving of four minutes on each call.

11. A new telephone system was also established throughout the whole Hospital, making it very convenient to get anyone in any part of the Hospital, thereby saving considerable time.

12. Specifications are out for the plumbing of the main building, which we hope to have completed in a short time.

13. We have also installed a new system of giving cards to visitors. Two cards are given to each patient, which admits relatives or friends at certain hours, and prevents curious crowds from getting into the Hospital.

14. The old horse stalls in ambulance house have been removed and the old wooden floor has been replaced with Schillinger pavement. We have also completed the sleeping apartments for the Automobile Drivers on the ground floor, making it very much easier for them to get to their ambulance and get same out immediately.

Respectfully submitted,

CHARLES A. FARWELL,
Chairman.

ORLOFF LAKE,
ARSENE PERRILLIAT.

Annual Statement of Receipts and GENERAL FUND.

RECEIPTS.

Auction Sales	\$ 7,627.10
Certificates	888.50
Discount	1,042.35
Donations—Cash	720.92
Gate Fees	7,067.47
Interments	2,982.80
Interest on General Fund	371.01
Interest on Special Fund	861.22
Licenses	12,329.75
State Appropriations:	
Maintenance Hospital	176,000.00
Maintenance Training School for Nurses	10,000.00
Deceased Patients	505.17
Pasteur Treatment	1,740.00
Rent	6,297.64
Slaughterhouse Fees	10,100.00
Sundry Sales	759.38
Swill	60.00
	<hr/>
	\$239,353.31
Receipts	\$239,353.31
Expenditures	235,241.53
	<hr/>
	\$ 4,111.78

The excess over receipts as shown above is due to the inauguration January 1st, 1914, of a new system of accounting, which, together with the advice of the State Supervisor of Public Accounts, necessitated that all bills and indebtedness incurred in December, 1913, would be paid and charged in the year 1914. The exact amount of this indebtedness is \$15,463.47, which, if charged within the month incurred in, as heretofore, would show an increase of expenditures over receipts of \$11,351.69.

Expenditures for the Year 1913.

EXPENDITURES.

Advertisements	\$	139.13
Ambulance Service		1,405.17
Ambulance Drivers' Wages		2,390.00
Bread		6,307.61
Charity—R. R. Fare Indigent Patients		20.95
Coffin Boards		332.06
Engineer's Department, Supplies, etc.		953.61
Employees' Wages		44,437.93
Expert Investigation:		
Dr. S. S. Goldwater	\$1,000.00	
Dr. C. D. Wilkins	254.91	1,254.91
Freight and Drayage		203.47
Fuel		9,221.58
Groceries		17,741.24
Graduating Expenses		75.40
House Furnishings		8,672.71
Ice		3,149.97
Insurance		165.87
Improvements, various		2,248.39
" New Tile Floor in Kitchen		525.00
" New Cement Floor in Ambulance House		300.00
"In Memoriam" Expenses		30.00
Inspection Fees, Sewerage		3.50
Laundry Supplies		1,893.61
Light and Power		2,640.28
Marketing		13,699.18
Medical and Surgical Supplies		32,526.90
Meat		16,218.11
Milk		12,416.64
Office Expenses		776.18
Officers' Salaries		23,037.70
Pathological Department		1,436.19
Printing and Stationery		1,483.66
Pupil Nurses' Salaries		17,251.70
Repairs		3,980.62
Registration Bureau		23.80
Rent for Internes, Extra Apartments		26.00
Sisters' Clothing		4,200.00
Telephones		407.09
Tinner's Supplies		76.13
X-Ray Department		2,075.22
One Auto Ambulance No. 2	\$1,003.92	
One Single Horse Ambulance	322.10	
One Sprinkler Wagon	93.00	
One Adding Machine, 1st payment	75.00	1,494.02
		\$235,241.53
Receipts in Excess of Expenditures		4,111.78
		\$239,353.31

Annual Statement of Receipts and

RECEIPTS.

	1912.	1913.	Increase.	Decrease.
State Appropriations:				
Maintenance of Hospital	\$158,000.00	\$176,000.00	\$18,000.00	\$
Maintenance Training School for Nurses	10,000.00	10,000.00		
Maintenance Tuberculosis Wards	2,500.00			2,500.00
Account Plumbing Appropria- tion (\$20,000.00)		1,318.94	1,318.94	
Auction Sales	10,196.95	7,627.16		2,569.85
Certificates	754.50	888.50	134.00	
Discount	960.45	1,042.35	81.90	
Gate Fees	6,080.50	7,967.47	986.97	
Licenses	8,770.00	12,229.75	3,559.75	
Pastor Treatment	1,210.50	1,740.00	529.50	
Deceased Patients	450.47	505.17	54.70	
Rent	6,416.95	6,297.64		119.31
Slaughterhouse Fees	10,155.28	10,100.00		55.28
Sundry Sales	201.44	759.38	557.94	
Interest—General Fund	295.72	371.01	75.29	
Interest on Special Fund	1,000.33	861.22		139.11
Donations—Cash	4,092.51	720.92		3,371.59
Interments	5,661.88	2,982.80		2,679.08
Various Receipts	7.00			7.00
Swill—Sale of		60.00	60.00	
Total Receipts Acct. Main- tenance	\$226,754.48	\$240,672.25	\$25,358.99	\$11,441.22
Interest on "Bonds" (La. 4s)	\$ 70.00	\$ 210.00	\$ 140.00	\$
Bills Receivable, Rent Notes, paid during year	243.90	243.90		
Received from Diamond Jubilee Fund	34,615.00			34,615.00
Bonds, Redeemed ("La. 4s")		3,500.00	3,500.00	
Acct. Will of Ed. Rosenberg, part payment		1,000.00	1,000.00	
Acct. Will of Mrs. Tilton, part payment		6,239.01	6,239.01	
Received from Trustees Isaac Belgado Memorial Fund		4,394.21	4,394.21	
Total	\$ 34,928.90	\$ 15,587.12	\$ 15,273.22	\$34,615.00
Grand Total from all sources	\$261,683.38	\$256,259.37	\$40,632.21	\$46,056.22

Disbursements for Years 1912 and 1913.

DISBURSEMENTS.

	1912.	1913.	Increase.	Decrease.
Meat	\$ 15,473.42	\$ 16,218.11	\$ 744.69	
Bread	6,874.69	6,307.61		567.08
Marketing	14,307.75	13,699.18		608.55
Milk	13,023.48	12,416.64		606.84
Groceries	19,243.44	17,741.24		1,502.20
Ice	2,938.52	3,149.97	211.45	
Fuel	10,795.25	9,221.58		1,573.67
House Furnishings	6,762.34	8,672.71	1,910.37	
Medical and Surgical Supplies	31,945.69	32,526.90	1,481.90	
Transportation to Indigent Patients	14.50	20.95	6.45	
Coffin Boards	236.11	332.06		4.05
"In Memoriam" Flowers to Cemetery	50.00	30.00		20.00
Salaries and Wages—Officers	24,014.76	23,037.70		977.06
Salaries and Wages—Employees	42,674.80	44,437.93	1,763.13	
Salaries and Wages—Nurses	15,521.75	17,251.70	1,729.95	
Salaries and Wages—Ambulance Drivers	2,618.20	2,390.00		228.20
Writers' Clothing Amount	4,200.00	4,200.00		
Nurses' Graduating Expenses	346.30	75.40		270.90
Training School Expenses	60.35			60.35
Ambulance Service	1,513.90	1,405.17		108.73
Pathological Department	941.67	1,436.19	494.52	
X-Ray Department	1,941.37	2,075.22	133.85	
Registration Bureau	21.35	23.80	2.45	
Repairs	10,157.30	3,980.62		6,176.68
Insurance	787.01	163.87		623.14
Printing and Stationery	1,648.25	1,483.66		164.59
Advertisements	37.41	139.12	101.72	
Engineer's Department	138.19	953.61	815.42	
Freight and Drayage	292.76	293.47	.71	
Laundry	697.52	1,893.61	1,196.09	
Light and Power	1,697.53	2,640.28	942.75	
Union Press Property	83.69			83.69
Telephone Service	569.08	407.09		161.99
Office Expenses	789.48	776.18		13.30
Expert Investigation		1,254.91	1,254.91	
Inspection Fees		3.50	3.50	
Rent, Employees		26.00	26.00	
Tinner's Supplies		76.13	76.13	
Total Cost of Maintenance	\$231,527.15	\$230,674.12	\$12,895.99	\$13,749.02
Improvements—Various	\$ 1,858.04	\$ 2,248.39	\$ 390.35	
Improvements—Annex to Colored Female Wards	28,402.50			28,402.50
Improvements—Cement Floor, Ambulance House		300.00	300.00	
Improvements—Tile Floor to Kitchen		525.00	525.00	
New Equipment—No. 2 Auto Ambulance		1,003.92	1,003.92	
New Equipment—No. 3 Horse Ambulance		322.10	322.10	
New Equipment—1 Sprinkler Wagon		93.00	93.00	
New Equipment—1 Adding Machine (1st payment)		75.00	75.00	
New Equipment—Plumbing	1,181.44	137.50		1,043.94
Delgado Building—Special Account		42.78	42.78	
	31,441.98	4,747.69	2,752.15	20,446.44
Total	\$262,969.13	\$235,421.81	\$15,648.14	\$43,195.46
Expenditures for account Maintenance 1912				\$231,527.15
Receipts for account Maintenance 1912				226,754.48
Deficit 1912, account Maintenance				\$ 4,772.67
Expenditures for account Maintenance 1913				\$230,674.12
Add Bills carried over Unpaid				15,463.47
				\$246,137.59
Receipts for account Maintenance 1913				240,672.25
Deficit 1913, account Maintenance				\$ 5,465.34

Financial Statement.

DECEMBER 31ST, 1913.

ASSETS.

Cash in Bank	\$ 36,356.24
Sister Mary Agnes, Petty Cash fund	500.00
Treasurer, Petty Cash Fund	500.00
Bills Receivable, Rent Notes	2,621.93
Bonds on Hand	10,700.00
Hospital Properties:	
Buildings, Sites and Ground	1,351,277.50
Equipment, Supplies, etc.	276,427.15
"Delgado" Building	42.78
	<hr/>
	\$1,678,425.60

LIABILITIES.

State of Louisiana, Valuation of Charity Hos- pital	\$1,627,704.65
Tilton Legacy	10,700.00
General Fund	17,071.84
Special Fund	22,949.11
	<hr/>
	\$1,678,425.60

FRED. W. MATTHEWS,

Treasurer.

Statement of Insurance.

On general form, known as "Schedule"_____	\$170,500.00
On "Delgado" and contents_____	115,000.00
On "Milliken" and contents_____	75,000.00
On "Home for Trained Nurses" and contents_____	24,500.00
On various properties_____	35,055.00
On No. 2 Ambulance_____	1,000.00
On No. 3 Ambulance_____	2,500.00

Total Insurance carried by the Charity
Hospital_____ \$423,555.00

STATE OF LOUISIANA
OFFICE OF
SUPERVISOR OF PUBLIC ACCOUNTS
BATON ROUGE, LA.

BATON ROUGE, LA., March 4th, 1914.

*To the Board of Administrators of the Charity Hospital of
Louisiana, New Orleans, La.:*

GENTLEMEN—I beg to advise that at the close of each quarter of the calendar year 1913 this office made an examination of the books and accounts of your Board as kept, first by Capt. L. P. Delahoussaye, and later by Mr. Fred. W. Matthews.

The vouchers covering both receipts and expenditures were carefully examined and properly verified, and the balance on December 31st, 1913, of \$36,356.24, as called for by the books, found to be on deposit in the banks selected by the Board.

In addition to this balance, the sum of \$500.00, to cover petty cash expenses, was in the hands of Sister Mary Agnes, and the further sum of \$500.00, for like expenses, in the hands of Secretary-Treasurer Fred. W. Matthews.

Yours very truly,

W. N. MCFARLAND,
Supervisor of Public Accounts.

Donations

RECEIVED BY THE TREASURER.

J. P. W. S. Aymond	\$ 2.00
From Patients in Ward 36, to Purchase Linoleum	35.00
Mr. B. Moran	4.47
Mr. W. J. L'Engle, 1838 Calhoun Street	5.00
Mr. J. T. Rice, 1501 Iberville	25.00
Messrs. Nagel & Grochell, Liberty and Iberville	50.00
Mr. Wm. Phillips, 208 N. Franklin	50.00
Messrs. Parker & Brooks, 225 N. Franklin	50.00
Mr. Geo. Fancault, 135 N. Basin	25.00
Mr. Jas. Serano, 135 N. Basin	4.00
N. O. Ry. & Light Co.	50.00
To pay for Beds in Maternity Wards, Through Sister M. Agnes, Unknown	200.00
Mr. Delord, St. James, La	25.00
Mrs. Tonant, for Daughter Annee	20.00
Through Sister Mary Agnes, Loftus Hollingsworth, who was a Patient for One Week in 1860	50.00
Through Mr. Archer, Account Mysterious Babies' Association	10.00
Mr. A. Barnwold	2.50
Young Men's Vidalia Association	25.00
Jos. Daly, Patient	20.00
Patient Unknown	1.45
Mr. J. Parpol	5.00
Mrs. A. Pepp	1.00
Mrs. Dela Banks	2.00
Mrs. Julia Williams	3.00
Mr. A. L. Broussard, Garyville, La	10.00
Mrs. Evelyn Howard	5.00
Mr. and Mrs. Wm Hahn	10.00
Mrs. Lizzie Martin, Ward 66	10.00

Mrs. Florence Samuels	2.50
Good Time Social and Athletic Club	2.50
Miss Margaret Gahagan	2.00
Sunny South Lodge No. 211, B. of R. T.	3.00
Hibernia Social Club	2.50
Garden District Carnival Club	3.00
Brotherhood R. R. Frt. Handlers No. 84	5.00
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Total Cash Donations	\$ 720.92
From Mr. John H. Davis, tract of land on the west side of Bayou Lacombe, St. Tammany Parish, La., known as Forest Glen Addition, comprising about 5 acres, valued at \$50.00 an acre (this was donated at time of Diamond Jubilee)	\$ 250.00
Erection of galleries on Milliken Memorial Building, at cost of \$2,800.00, paid for by Mrs. Deborah A. Milliken	2,800.00
<hr/>	
	\$3,770.92
By Rev. W. S. Slack, crutches for children and adults, made by boys of Junior Brotherhood of St. Andrew, Algiers, La.	

Donations

RECEIVED BY SISTER MARY AGNES.

Mrs. W. E. Garrett—One gallon ice cream for patients Ward 72.

Mrs. J. Feibleman—Three boxes pretty toys for children.

Mrs. Springer—Second-hand clothing for men.

Mrs. H. McCahill, Wadesboro, La.—Case condensed milk.

Mr. C. Askew—Forty-eight yards brown domestic.

Mrs. Delia Rillieux—Cash, \$90.00, to buy shoes and clothes for children.

J. Carlisle—Coop of spring chickens.

G. J. Hollister, Ponchatoula—Crate of strawberries.

Mrs. E. L. McGehee's Sunday School Class—Cut flowers on several occasions for patients.

Adeline Baker, Hammond.—Two crates strawberries.

Joseph Nuccio, Independence—Three crates strawberries.

B. Barrow, Maringouin—Sixteen sacks snap beans.

Mrs. L. Jacobson—Gallon ice cream.

Mrs. M. Schmidt—Case of ale.

Mrs. Fischer—Six gallons ice cream and large box of candies and cakes and jumbles, and toys and picture books for the children.

Mrs. Plonsky—Sixteen men's negligee shirts.

Williams, Richardson Co., Ltd.—Bolt of gingham for children.

Miss A. J. Hagan—Large supply of periodicals.

Union Broom Company.—Two dozen whiskbrooms.

Dr. Howard King—Two W. E. Sterilizers and several pairs of dental forceps.

Mrs. Luscher, St. Margaret's Daughters—Six gallons ice cream, and six boxes assorted cakes.

Dr. M. Feingold—Eighteen stools for eye clinic.

Nine-Mile Nursery—Large basket of cut flowers.

Miss J. Bayhi—Two W. E. serving trays.

Charlie Gayle, Zachary—Two large white geese.

Pupils of Crossman School—Large tub of assorted fruit.

Myles Doyle—Three turkeys.

Miss Waldo—Forty yards white domestic.

A. S. Kottwitz Company—One barrel apples and two boxes oranges.

Miss Lizzie Kelley—Pretty doll for children's ward.

J. Garic—Large fruit cake.

Mr. and Mrs. J. Hussey—Bolt of 10-4 pepp. sheeting.

Mrs. Henry Newman—Fairbank scale for weighing patients in Ward 12.

Mrs. P. Hussey—Six sheets and six pillow cases.

Mrs. J. A. Lanshire—Toys and books for children.

Gee Wah Gen & Co.—One-quarter chest choice tea.

Mrs. Legendre—Straps and trusses.

Col. A. Perrilliat—Thirty flannelette pajama suits for men, and 21 flannelette kimono for women.

Mrs. A. Perrilliat—Two bolts pretty gingham for children's aprons.

Mrs. H. C. Smith—Ten small bed trays.

December Graduating Class of 1914—Handsome art square for Nurses' Home, value \$30.00.

Williams, Richardson Company—Bundle of calico dress patterns, 149 yards, for poor patients.

Several grateful patients gave articles of linen, glasses, trays and various ward findings, but requested omission of names—Wards 42, 46 and 72.

Linoleum for Wards 36 and 38 bought with small donations given by several patients.

Brace and shoe for crippled child in Milliken.

The several Railroad offices of the city have very

courteously allowed us charity tickets in every case asked for.

L. Fabacher—Keg of fresh city beer, weekly.

Mrs. L. Konneker—Quantity of vegetables, semi-weekly.

A. S. Kottwitz Company—Two boxes oranges and one barrel apples.

Conservation Commission—Five barrels fresh fish (confiscated), 1 barrel ducks (confiscated), 1 deer (confiscated).

Game Commission Merchant—Four turkeys for patients in Ward 66.

Mrs. F. Bailey—Basket of fresh eggs and fruit.

A Friend of Ward 7—Sheets, pillow cases and bed gowns.

Mr. U. Virgin—Some flowers.

Dr. O. Joachim—Tracheotomy set.

Dr. Durel—Fruit and dainties for tuberculosis patients.

United Fruit Company—Several bunches of bananas weekly.

Vacarro Bros.—Several bunches of bananas weekly.

Mrs. J. T. Halsey—One dozen kimonas for Ward 40.

Mrs. D. A. Milliken—Christmas tree, full supply of toys and candy for all the children of the Milliken Memorial.

Mr. Chas. A. Farwell—Tobacco and cigars to poor patients on Christmas.

Mrs. Peter Eichorn—Forty yards white cotton for gowns, Ward 58.

A Friend—One dozen boys' night shirts, Ward 58.

By Grateful Patient, Ward 63—\$5.00.

Chess, Checkers and Whist Club—Cream and cakes for children of Milliken Memorial.

Superintendent's Report

NEW ORLEANS, February, 1914.

To the Honorable Board of Administrators of the Charity Hospital, New Orleans, La.:

GENTLEMEN—It is my pleasure to present to you this report for the year 1913.

Following is a brief summary of the work done during the year, and tables showing the number of beds and the classification of the same:

	1910.	1911.	1912.	1913.
Remaining at beginning of year.....	875	819	911	937
Admissions.....	11,313	12,220	12,983	14,349
Total indoor patients.....	12,098	13,039	13,894	15,056
Daily average.....	870	972	953	932
Remaining at end of year.....	819	911	937	707
Accident Cases.....	8,550	9,240	11,106	13,774

Outdoor Clinics—

New cases.....	18,916	21,622	23,203	27,644
Consultations.....	98,596	105,113	109,798	107,196
Ambulance cases.....	1,682	1,878	2,242	2,464
Average time ambulance calls.....	23 min.	22 min.	23 min.	22 min.
Total number treated in all departments.....	41,246	45,779	50,445	58,938
Discharged.....	9,700	10,593	11,325	12,698
Died.....	1,579	1,535	1,632	1,766
Gross death-rate, per cent.....	13.0	11.77	11.57	11.72
Died within 36 hours of admission.....	506	480	524	575
Net death-rate after deducting same, per cent.....	8.8	8.1	7.9	7.9
Deaths from tuberculosis.....	265	265	271	259
Deaths from Bright's disease.....	224	169	235	215
Deaths from organic heart disease.....	155	234	172	169
Deaths from poisons, violence, etc.....	236	207	241	208
Total deaths from above causes.....	880	875	919	851
Percentage of total number of deaths.....	55.73	57.00	56.27	48.19
Coroner's cases.....	224	208	232	220

Operations—

A. B. Miles amphitheatre	2,798	2,880	2,765	2,890
Delgado operating rooms	1,319	1,817	1,838	2,766
Ether anesthesia	2,228	2,785	2,856	3,243
Chloroform anesthesia	111	14	8	16
Other anesthetics	64	146	32	13
Spinal analgesia	232	220	279	239
Local analgesia	281	200	364	499
Obstetrical cases	465	428	411	523
Children born	467	423	417	536
Deaths	5	14	12	18
Deaths from septicemia (street case)	1	1	1	2

Pathological Department—

Examinations made	17,671	15,158	15,374	18,132
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Pasteur Institute—

Number applying for treatment	635	916	1,057	899
Number treated	258	344	361	252
Animals' brains examined	—	19	6	77

Pharmacy—

Number prescriptions filled	—	44,239	61,781	63,297
Packages serum	—	2,625	5,590	4,277

Histories Filed—

Medical	4,537	4,600	5,102	5,477
Surgical	5,001	5,443	5,889	6,702
Gynecological	907	1,026	1,130	1,363
Obstetrical	965	1,102	1,083	1,328
Total	11,410	12,171	13,204	14,870

Training School for Nurses—

Graduates	23	27	22	38
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BED CAPACITY OF HOSPITAL.

	No. Beds.
White Male	339
Colored Male	187
White Female	250
Colored Female	156
Children	121
Total	1,053

GENERAL SURGICAL.

	White.	Colored.	Total.
Number beds	236	143	379

GENERAL MEDICAL.

Number beds	205	118	323
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GYNECOLOGICAL.			
Number beds.....	61	41	102
VENEREAL.			
Number beds.....	42	26	68
OBSTETRICS.			
Number beds.....	32	15	47
EYE, EAR, NOSE AND THROAT.			
Number beds.....	20	.....	20
NERVOUS.			
Number beds.....	29	.....	29
SKIN.			
Number beds.....	19	.....	19
CONTAGIOUS.			
Number beds.....	29	3	32
TUBERCULOUS.			
Number beds.....	24	10	34
Totals.....	697	356	1,053

Reference to this report shows that the total admissions have increased by a larger percentage than usual, being about 11 per cent. for the past year.

The daily average has decreased, however, and the total remaining is markedly smaller, showing that the time of stay per patient has been lessened, and that a larger number of patients have received treatment at the same cost.

There is also a marked increase in the number of new patients applying to the out-patient department, which, added to the increase in indoor cases, shows a total of 8,500 more patients than for 1912.

There is also a noticeable increase in the operations done, in actual figures 1,053 more than last year.

This means more expenditure, and it would seem that the appropriation made by the State for the maintenance

should be increased by at least 11 per cent. to meet the demands upon the institution.

At present there are no figures available to show the actual per capita cost, as the total number of patient-days has not been kept in the books of the Hospital. Another year this record will be made, and will allow comparisons to be made with other hospitals admitting the same class of cases as are treated here.

By the consent of the State Auditor, after resolution by the Board, a new system of accounting has been adopted. Taking the Standard Hospital Accounting System as the basis, Mr. Matthews, the Hospital Secretary-Treasurer, has worked out the modifications necessary to fit the requirements here.

The formation of a Dental Staff and the establishment of an out-clinic for dental treatment is one of the progressive movements of the year.

Members of this staff generously offer to provide all equipment, instruments and supplies, the Hospital to furnish proper rooms and medical supplies.

A paid Admitting Physician now has charge of the admitting of patients, his duties being to decide upon the proper disposition of cases in the wards, examine, if necessary, when there is any question as to eligibility of the patient, and to see that the rule of admission by rotation to the various services is properly enforced.

IMPROVEMENTS.

During the year 1913 the following improvements and repairs have been made:

The old wooden floor in the Main Kitchen has been replaced by white tile.

Galleries of steel have been placed on the south side of the Milliken Memorial Building, affording space for the out-door treatment of patients, and opportunity for convalescents to be removed from the wards.

In the ambulance house the Internes' quarters have been equipped with steam radiators and proper connections made to the heating system. This obviates using the fire-places, which were a source of danger from fire, as well as added expense.

The old wood flooring on the ground floor of this building has been torn out and replaced by concrete throughout. By partitions a sleeping-room and toilet has been made on this floor for the ambulance drivers, and the room formerly used by them on the second floor is used for the accommodation of two Internes.

The telephone system, which was formerly two operating boards, one a private house system, the other a Cumberland board, has been replaced by the installation of the Cumberland system throughout the Hospital.

It is now possible to use any telephone in the house for outside calls, whereas with the old dual system an outside call could be answered only from the Clerk's office. When the distance from one building to another on the grounds is realized, the saving of time is at once apparent.

The Clerk's office has been rearranged for the use of the Admitting Physician. A small room for examination has been made and the telephone moved forward to give more light and air to the operators, and allow them to take messages more readily from visitors.

MINOR IMPROVEMENTS.

Minor improvements have been as follows:

An electric park light has been placed in the court behind amphitheatre.

A small steam dry room has been installed in female laundry.

In the court beyond greenhouse an animal cage, with concrete floor and completely enclosed with wire screen, has been built for the housing of guinea pigs, rabbits or other animals for the Pathological Department.

All of the rooms on the lower floor of the west office building have been repainted.

Rooms Nos. 11 and 12, Male Clinic Building, have been arranged for use as a Dental Clinic.

Room 12 has been divided by a partition into two, rooms to be used as operating rooms.

Electric and plumbing fixtures for three chairs have been installed and the floors covered with Battleship linoleum.

NEEDS OF THE HOSPITAL.

Attention has been previously called to the following urgent needs of the Hospital, and after three months' observation I would place these needs in the following order of importance:

- 1st. Dormitories and dining-room for employees.
- 2nd. New laundry equipment.
- 3rd. Refrigerating plant.
- 4th. New room and equipment for X-Ray Department.
- 5th. New equipment for Pathological Department.
- 6th. Wards for tubercular cases.
- 7th. Isolation rooms on each floor for seriously sick patients.

Taking these needs in more detail, the following facts and suggestions for relief may be given:

1st. October last a list of the employees was made and the following conditions found: Two hundred and fourteen employees were listed, 37 of whom were not provided with sleeping accommodations in the Hospital for lack of room. Rent for outside rooms is being paid by the Hospital in many cases. Of the number sleeping in the Hospital 66 were sleeping in beds directly in or adjoining wards. By in the wards is meant a patient's bed, beside

the sick men or women, according to the sex of the employee. Of this number 20 were white men, 22 white women, 17 colored men and 7 colored women, and at the same time two patients are frequently compelled to sleep in one bed, a condition almost unheard of, and certainly to be deplored; 23 white men occupy the dormitory over the storeroom on Howard Street, the toilets and bath being downstairs, at some distance from the building. Eleven white men have rooms in the old building back of the ambulance house yard, and have no toilet in the building. There is one bathtub with the waste emptying into the yard. Six white men sleep in the garret of the Main Building, with no toilet facilities and very little light or ventilation.

All of the colored male and female help sleep directly in the wards among the patients, or in the small rooms adjoining the wards in the colored female building.

Twenty-three white women employees are reported as sleeping in wards, 24 in the women's dormitory, 12 in a ward in the Milliken Memorial Building, and others as having rooms outside the grounds.

DINING-ROOM ACCOMMODATIONS.

Eighty-eight employees take meals in the wards or ward dining-room, 36 in the white men's dining-room, 28 in the white women's, and 35 in the dining-room in the basement of the Milliken Building.

I have gone into this question at some length, as it seems necessary to acquaint you and the public with conditions as they exist, and to urge that they be rectified soon.

2nd. The present laundry equipment is as follows:

One 24x42 washer, installed in year 1872.

One 32x46 washer, installed in year 1882.

One 30x54 washer, installed in year 1896.

One 42-inch extractor, installed in year 1872.

One flat-work ironer, installed in year 1910.

In small laundry:

One 32x54 washer, installed in year 1911.

One 20-inch extractor, installed in year 1911.

One flat-work ironer, installed in year 1872.

Hand irons are heated on coal stove, which is placed on outside gallery.

This equipment for a hospital of 1,050 beds is so manifestly inadequate that it requires no comment.

Though no ideal, because of the distance from the center of the Hospital population, an equipment sufficient for the needs of the Hospital may be put in the same building as now occupied by the laundry, if the space now taken by the machine shop is added to the floor space now used for laundry purposes.

3rd. Economy and efficiency demand proper refrigeration for a Hospital plant. The present ice boxes are wasteful of ice and labor, and inadequate for the purpose of properly keeping meats, milk and cooked foods; old and unsanitary.

In the morgue there is need of a cold box, if the proper care of the dead is to be given.

I would recommend that an ice-making and refrigerating plant be installed with cold boxes for the kitchen and morgue only, at present.

4th. The demands upon this department are increasing yearly, while the efficiency of the equipment is decreasing. At present but one small room is used for all of the plate and treatment work which is being done. The developing is being done in a room in the Pathological Building, a wasteful method as to time and danger of ruining plates in transit. New equipment will cost about \$1,000, and by taking the adjoining room, space required for the department may be had.

5th. The Pathological Department equipment is in need of renewal and of a rearrangement of space to meet

the needs of the work which should be done there. As the Board has already authorized adoption of plans drawn for rebuilding and for new equipment, the cost to be paid from the Special Fund, it is just to add that this department is now about to be brought to a state of efficiency.

6th. The present accommodation for tubercular patients is not in keeping with the modern ideas of treatment. This need has been felt for some years, and relief has been asked many times.

The roofs of the Clinic Buildings and that of the White Women's Building offer spaces upon which open-air wards may be constructed, giving freedom from danger of infecting other patients, pleasant surrounding for the unfortunate tubercular case, and an elevation which will give a constant supply of fresh air.

It is pleasant to report that one gentleman who, when this need was presented, offered to supply funds for the erection of one such ward. Plans are now being made, and it is hoped that others may, upon knowing of this need, assist in carrying out this plan for relieving this most unfortunate class.

7th. Owing to the crowded condition of the Hospital, due in great part to the lack of dormitories for employees, the available spaces for isolation rooms is now occupied by employees and seriously sick or dying patients have to remain in the open wards.

Removal from the wards of all employees and rearrangement of space given by such removal will allow this need to be supplied.

Among lesser needs of the institution should be stated the lack of fly screens in the Amphitheatre and in the kitchen. With the slogan "Swat the fly" so prominently before the public, it does not seem proper that a Hospital that is looked upon as an example in teaching and living up to the highest sanitary laws should allow this condition to exist.

A new and larger incinerator should be installed, removed as far as possible from all wards, to prevent the odors from being a source of annoyance to the sick.

Many of these needs can be met by the expenditure of small sums, when compared to the immense amount of work being done in the Hospital.

It is difficult to change to a new system when customs of years and a large number of conflicting interests are concerned. It is with pleasure that I report to you the efforts to help, through the trying period, that have been made by those connected with the Hospital.

To the Board of Administrators and the several Committees I wish to express my heartfelt thanks for valuable advice and co-operation.

Dr. Danna, the retiring House Surgeon, gave freely from his knowledge of the Hospital, and has always held himself ready to be of any assistance which he can give.

The Visiting Staff have assumed the greater responsibilities now thrown upon them, and by constant attention to the medical and surgical care of the patients, have done all in their power to make successful the new methods which you have instituted.

To the Sisters of Charity, who give so freely of their labor in the nursing of the sick and in the care of the Housekeeping Department, the thanks of the State should be given. To this let me add my personal thanks for their aid.

To the House and Interne Staff, who have endeavored in all ways to assist by giving care and attention to their duties, I wish to express my appreciation.

Respectfully submitted,

C. D. WILKINS, M. D.,

Superintendent.

Report of Directress

NEW ORLEANS, LA., Dec. 10, 1913.

To the Honorable Members of the Charity Hospital Board of Administrators:

GENTLEMEN—The graduation exercises of today note the passing of two decades of years since the inauguration of the training school, and on this occasion it is my pleasure to present to you the graduating class of nineteen hundred and thirteen. These young ladies, thirty in number, have by diligent application to study and kindly ministrations to the suffering, endeavored to render fruitful for themselves and beneficial to those who may be confided to their care the many and vast opportunities and practical experience afforded them by their Alma Mater.

Having satisfactorily complied with the regulations of the school, and successfully passed the examination, we recommend them to the Faculty as meriting the test of graduation and the seal of approval—the official diploma.

The record of the year's work is one of advancement. The list of applications received during the year number two hundred and forty-three; fifty-three were accepted into the School, and of these forty-seven were retained as pupils.

For nineteen hundred and fourteen the Senior class will comprise forty-one pupils, and the Junior class twenty-five, to be completed from the most eligible probationers. The admission of the latter has been retarded owing to the lack of accommodation.

The course of lectures, classes and demonstrations have been carried out during the year, conforming as closely as

possible to the plan of study recommended by the Louisiana State Board of Examiners for Nurses. We take great pleasure in acknowledging the valuable services rendered the school by the gentlemen composing the Faculty of Lecturers, and feel deeply grateful for their interest. The usual course in invalid cooking and massage instructions, with demonstration, have supplemented the session's curriculum.

To complete this report I desire to express the hope that the encouragement and support hitherto accorded be continued, thereby stimulating our efforts in a service for charity which have ever been directed to the betterment of the School and the elevation of the profession of nursing.

Respectfully submitted,

SISTER MARY AGNES,

Directress.

CHARITY HOSPITAL

Training School for Female Nurses

Inaugurated January, 1894

Faculty of Lecturers.

J. A. DANNA, M. D., *Chairman.*

C. G. COLE, M. D.	E. L. MCGEHEE, M. D.
A. C. EUSTIS, M. D.	G. F. PATTON, M. D.
O. JOACHIM, M. D.	O. L. POTHIER, M. D.
H. P. JONES, M. D.	V. C. SMITH, M. D.
J. E. LANDRY, M. D.	S. W. STAFFORD, M. D.
E. W. MAHLER, M. D.	E. H. WALET, M. D.

SISTER AGNES, *Directress.*

SISTER DOLORES, *Superintendent.*

REPORT OF TRAINING SCHOOL.

December, 1913.

Graduates employed in Hospital	10
Graduating Class	30
Senior Class of 1914	41
Junior Class of 1914	25
Probationers	5
	101
Applications received during the year	243
Applicants accepted on probation	56
Retained as pupils	47
Applications for Post Graduate Course	7
Accepted for Post Graduate Course	5
Pupil nurses released during year	8
Probationers released during year	15

Report of Chairman of Lectures.

NEW ORLEANS, December 10th, 1913.

To the Honorable Board of Administrators of the Charity Hospital, New Orleans, La.:

GENTLEMEN—The year about to be closed by today's exercises has been full of fruitful meaning for the Training School for Nurses of this Hospital. The present working corps consists of 106 pupils and 10 graduates, a total of 116. This taxes the present home to its utmost capacity, many desirable young women having been turned away during the year for lack of accommodations for them.

During the year many requests have been received for our graduates to fill positions of responsibility and trust in other Hospitals. Two members of the present graduating class have already accepted such positions. This is very gratifying to those having the interest of the Training School at heart, for it shows a high appreciation of the merits and training of our graduates, at the same time that it insures for them lucrative and desirable positions.

The work of the present graduating class has been most satisfactory from every standpoint. They have been diligent and patient students; earnest, faithful, untiring workers in the wards, operating rooms and other departments where their services were required; their classroom work has been of the highest standard, and the results of their examinations have been a source of pride and satisfaction to every member of the Faculty of Lecturers, and to Sister Agnes, the Directress, and Sister Angelica, Superintendent, and the other members of that good band of Sisters of Charity who, as head nurses of the various departments and Divisions of the Hospital not only are most concerned in training these girls practically and scientifically, but who, by their example of self-sacrificing devotion to the wants and needs of the sick, suffering and afflicted, develop in the nurse that indispensable quality without which no woman can make a true, sincere and efficient nurse.

I take great pleasure, therefore, in presenting to you this class of 1913, and recommending, as Chairman of the Faculty of Lecturers, that the Hospital Diploma and medal be awarded to the following named young ladies:

Misses Maggie Barnes, Clothilde Beaud, Isabella Bel-
lott, Coralie Block, Vivian Brown, Mrs. Florence Bryer,
Misses Mary Davis, Della Earnest, Willie Edwards, Nettie
Francis, Margaret Gallagher, Gertrude Gibson, Anna Han-
sen, Camilla Harmsen, Stella Helwick, Georgiana Hofman,
Edna Hubert, Florence King, Wanda Leber, Elizabeth Mc-
Coy, Mary McFarland, Myrtle Modlin, Victoria Musacchia,
Josie Nicholas, Mrs. Arley Oser, Misses Lacybell Peeples,
Lucille Pipes, Katherine Raymond, Armand Renaud and
Eva Watt.

Respectfully submitted,

J. A. DANNA, M. D.,
Chairman of the Faculty.

Graduates.

GRADUATES APRIL 9TH, 1913.

SARAH M. BABB,	VIENNA FLETCHER,
MATHILDA BERNIOL,	CORNELIA GRAVEL,
ROSA K. DUFFY,	STELL HOLCOMB,
AGNES L. ELSTON,	MARY B. HOLLINGSWORTH.
ANTONIO MANGIARACINA,	

GRADUATES DECEMBER 10TH, 1913.

MARGARET LUCILLE BARNES,	GEORGIANA M. HOFMANN,
CLOTHILDE A. BEAUD,	EDNA HUBERT,
ISABELLA A. BELLOTT,	FLORENCE D. KING,
MARIE CORALIE BLOCK,	WANDA V. LEBER,
MARY VIVIAN BROWN,	ELIZABETH M. MCCOY,
MARY DAVIS,	MARY MCFARLAND,
FLORENCE DUFF BRYER,	MYRTLE M. MODLIN,
DELLA EARNEST,	VICTORIA L. MUSACCHIA,
WILLIE J. EDWARDS,	M. JOSEPHINE NICHOLAS,
NETTIE M. FRANCIS,	ARLEY D. OSER,
MARGARET L. GALLAGHER,	LACYBEL PEEPLES,
GERTRUDE GIBSON,	LUCILLE PIPES.
ANNA E. HANSEN,	KATHERINE M. RAYMOND,
CAMILLA HARMSSEN,	ARMANDE O. RENAUD,
STELLA J. HELWICK,	EVA ANGELINE WATT,

Report of the Pathological Department

NEW ORLEANS, January 31st, 1914.

Dr. C. D. Wilkins, Superintendent Charity Hospital, New Orleans, La.:

SIR—I beg to submit the following annual report of work done in the various divisions of the Pathological Department for the year of 1912 and 1913:

Division of Clinical Microscopy:

	1912.	1913.
Urine examined _____	9,348	9,552
Sputa examined _____	1,516	1,327
Feces examined _____	332	362
Bloods (including Agglu. for Typhoid Plas. Mal. etc.) _____	2,077	2,411
Stomach Contents _____	50	84
	13,323	13,736

Division of Bacteriology and Seriology:

Wasserman reactions _____	674	1,800	
Luetin reactions _____		94	
Nisserian Comp. Fix Tests _____		34	
Abderhalden Tests _____		7	
Globulin reactions _____		1	
Von Pirquet _____		15	
Autogenous Vaccines _____		9	
Blood Cultures _____		96	
Other Cultures _____	585	1,124	
Fluids and Exudates _____	174	519	
	1,433		3,699

Division of Pathology:

Surgical Tissues Ex. _____	222	474	
Autopsies held _____	152	223	
Animal Brains Ex. _____	6	77	
	380		774
Total examinations _____	15,136		18,209

<i>Pasteur Division (Anti-Rabic):</i>	1912.	1913.
Patients applying for treatment	1,075	899
Patients Treated	342	252
<i>Division of Photography:</i>		
Photographs taken	102	85
<i>Expenses and Income:</i>		
Income from fees and donations to the Pasteur Clinic		\$1,740.00
Expense of Pathological Department, exclusive of salaries		1,436.19

A comparison of the number of examinations made during the past year with that of the previous one shows that those items properly belonging to Pathology, for example, Autopsies, Surgicals, Vaccines, Bacteriologicals and serum reactions, etc., show material increase over the number of such examinations made in 1912. While the increase has been constant, it is a pleasure to me to report that the largest gains were made since your incumbency on October 1st.

The small increase in items in the Clinical Microscopy Division is accounted for by the establishment in November of sub-stations throughout the Hospital to carry on such examinations. The House Internes are in charge of these stations and their work is not recorded in the Department of Pathology.

The plan of reorganization as submitted by you to the Administration should meet all the requirements for an efficient Pathological Department. The remodeling of the present building will furnish a very complete laboratory, and should stimulate research not only on the part of the Pathological staff, but also to members of the Visiting Staff.

Appointed over night to the position of Acting Pathologist, and assuming the duties of the office with an inefficient organization, poor equipment and little or no facilities to do the work properly, it has been a difficult matter for me to do much more than lay the foundation upon which

will soon rise your future Pathological Department. But with all, the past year records some radical changes from old ideas and methods that have resulted in better discipline, more system and less waste. By clear arguments and a better understanding between the Secretary-Treasurer's office and the Pathologist it has been possible to increase the income of the Department from its anti-rabic vaccinations, and, at the same time, by new methods to decrease the cost of this division from approximately \$800.00 to \$27.00 annually.*

The need of freezing microtomes and proper appliances for the rapid diagnosis of tumors in or near the operating rooms was urged by me early last summer. The value of this suggestion was appreciated by the House Committee of your Board, who ordered that one be at once installed in the Miles Amphitheater and another near the operating rooms in the Delgado Building. While frequently used by a few members of the Visiting Staff, the larger number neglect the advantage offered them. I cannot urge too strongly the value of such examinations to the patient and solicit your influence to interest the staff on this subject.

Your plan for increasing the number of Autopsies has succeeded in obtaining 99 post-mortems during October, November and December, against 124 for the previous 9 months. I wish to commend the intelligent manner in which the system is carried out at the admitting office by Dr. Staring and his assistants and the total lack of responsibility assumed by the Department with this plan.

The number of Surgical tissues received for examination during the past year from the operating rooms has been too small for a Hospital the size of the Charity. Complaints have often come to me that some tissue or other had not been reported upon or preserved as museum specimens. Inquiry has in nearly all instances revealed the fact that such tissues were mislaid, thrown away, or the request for

*Estimated on five months, from September to February.

examination, etc., not properly attended to by attendants in the operating rooms. I would suggest that Internes be requested to inscribe properly the slips provided for the purpose and to make certain of its delivery, along with the tissue, to the Department. It is advisable that all tissues be sent for routine examination, since such reports filed with the history of the case can only help to make it more complete and, therefore, more valuable.

The sub-stations for routine examinations of urine, sputum, blood, etc., installed in several wards, etc., of the Hospital has met with but little encouragement from the Visiting Staff and with positive refusal on the part of some of the House Internes to make use of them. Whether it is advisable to discontinue these sub-stations and have such examinations made only in a central laboratory set aside for this purpose is a question which deserves some consideration before further steps are taken to make them a permanent fixture.

The system of filing the records of the Department has been revised. Tissues from Autopsies and the operating room are sectioned and examined, properly labeled and catalogued and filed for future reference. It is proposed to cross-catalogue these as soon as the repairs now in progress in the Department are completed and suitable filing cases installed.

I would respectfully suggest that the Division of Photography heretofore assigned to the Department of Pathology be transferred to some other Department. The facilities for such work in the present building is wanting, and the technical knowledge of photography by the present staff is very limited.

With this report the executive powers as active Pathologist vested in me by your Board on February 20th last is at an end.

I wish to thank you and the Board of Administrators for the encouragement and support given me during the

past ten months, and for valuable suggestions and assistance in the reorganization of the Pathological Staff. I bespeak for the new Director and his staff the same consideration shown me.

Respectfully submitted,

M. COURET,
Acting Pathologist.

ADMISSIONS.

WHITE.

Months	Males	Boys	Females	Girls	Total
January	412	65	205	74	756
February	321	63	170	44	598
March	317	84	182	53	636
April	314	73	182	57	626
May	304	85	202	71	662
June	331	84	227	48	690
July	371	101	245	57	774
August	393	63	256	66	778
September	390	104	242	71	807
October	399	65	186	57	707
November	394	86	175	52	707
December	410	56	161	37	664
Total	4,356	929	2,433	687	8,405

COLORED.

Months	Males	Boys	Females	Girls	Total
January	240	19	169	24	452
February	229	18	186	17	450
March	250	24	192	28	494
April	220	29	194	28	471
May	255	27	212	22	516
June	235	21	214	24	494
July	256	20	236	30	542
August	281	30	210	20	541
September	272	28	197	14	511
October	265	26	191	18	500
November	239	33	178	23	473
December	252	42	171	35	500
Total	2,994	317	2,350	283	5,944

White Male Adults	4,356	Colored Male Adults	2,994
White Female Adults	2,433	Colored Male Boys	317
White Male Boys	929	Colored Female Adults	2,350
White Female Girls	687	Colored Female Girls	283

Total	8,405	Total	5,944
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Grand Total 14,349

MONTHLY STATEMENT.

Months.	Daily Average of Patients.	Admissions.	Discharge.	Deaths.	Births.	Coroner's Cases.
January	1,035	1,208	1,049	151	43	12
February	985	1,048	790	162	33	20
March	1,009	1,130	1,069	149	43	18
April	926	1,097	1,029	146	45	17
May	897	1,178	1,036	136	35	15
June	879	1,184	1,064	143	43	22
July	909	1,316	1,096	139	49	18
August	907	1,319	1,133	144	51	18
September	968	1,318	1,247	129	49	19
October	924	1,207	1,105	146	58	22
November	860	1,180	1,008	167	39	24
December	885	1,164	1,072	154	48	15
Total	932	14,349	12,698	1,766	536	220

COMPARATIVE TABLEAU.

1912.		1913.	
Admissions	12,983	Admissions	14,349
Discharges	11,325	Discharges	12,698
Deaths	1,632	Deaths	1,766
Births	440	Births	536
Coroner's Cases	232	Coroner's Cases	220

TABLE OF ADMISSIONS, DISCHARGES AND DEATHS FOR EIGHTY-ONE YEARS.

Year	Remaining	Admitted	Discharged	Died	Year	Remaining	Admitted	Discharged	Died
1832	309	2,170	1,703	568	1872	570	5,090	4,124	993
1833	169	3,851	2,617	1,314	1874	543	5,231	4,360	860
1834	262	5,841	4,745	1,092	1875	554	4,945	4,121	753
1835	265	6,205	4,999	1,226	1876	525	5,690	4,780	742
1836	222	4,754	4,163	585	1877	692	6,002	5,290	805
1837	228	6,103	4,640	1,420	1878	600	5,878	4,615	1,120
1838	271	4,687	3,890	683	1879	604	5,248	4,390	693
1839	239	4,823	3,611	955	1880	643	5,527	4,140	658
1840	267	5,041	4,370	619	1881	534	5,843	4,351	828
1841	314	4,389	3,093	1,156	1882	559	6,980	5,275	805
1842	...	4,404	3,516	716	1883	608	8,152	7,134	1,013
1843	...	5,013	3,672	1,041	1884	620	7,280	6,245	981
1844	...	5,846	5,029	563	1885	647	6,143	5,212	1,005
1845	383	6,126	5,446	563	1886	556	5,807	4,764	965
1846	401	8,044	7,074	835	1887	629	5,360	4,236	940
1847	427	11,890	9,369	2,037	1888	722	5,389	4,590	870
1848	829	11,945	10,610	1,897	1889	651	5,794	4,928	920
1849	609	15,558	12,132	2,745	1890	642	6,083	5,015	1,023
1850	719	18,476	15,989	1,884	1891	686	6,706	5,634	1,028
1851	...	18,420	16,777	1,871	1892	713	7,735	6,572	1,135
1852	...	18,035	15,027	2,098	1893	786	8,330	7,072	1,184
1853	...	13,759	10,733	3,164	1894	780	9,064	7,927	1,142
1854	...	13,192	9,976	2,702	1895	712	9,812	8,485	1,422
1855	...	12,192	9,701	2,291	1896	868	8,816	7,518	1,142
1856	...	9,432	8,601	974	1897	651	7,281	6,447	1,051
1857	...	8,897	7,914	1,017	1898	669	7,734	6,599	1,117
1858	572	11,137	8,982	2,290	1899	573	8,480	7,286	1,290
1859	644	12,775	11,257	1,321	1900	644	7,728	6,549	1,108
1860	730	14,000	12,257	1,290	1901	617	7,725	6,640	1,112
1861	891	8,605	7,918	798	1902	617	8,176	7,062	1,116
1862	...	6,016	5,532	719	1903	600	8,201	7,045	1,171
1863	418	5,043	4,202	688	1904	589	8,689	7,448	1,179
1864	273	4,861	3,999	812	1905	662	8,412	7,206	1,191
1865	425	6,406	5,580	609	1906	661	8,457	7,169	1,295
1866	640	9,329	8,108	1,122	1907	691	8,850	7,414	1,363
1867	728	8,612	7,260	1,438	1908	782	9,540	8,103	1,393
1868	637	4,981	4,265	490	1909	785	9,576	8,263	1,310
1869	660	6,177	5,327	783	1910	819	11,313	9,700	1,579
1870	717	7,837	6,764	1,118	1911	911	12,220	10,592	1,535
1871	672	6,671	5,730	891	1912	937	12,983	11,325	1,632
1872	700	5,541	4,846	825	1913	707	14,349	12,698	1,766

* Present buildings erected in 1832.

Grand Total of Admissions	663,834
Grand Total of Discharges	567,642
Grand Total of Deaths	95,679

REPORT OF OUTDOOR DEPARTMENT.

TABLE No. 1.
Classified Diseases.

Nature of Disease	White			Colored			Total		Total
	Male	Female and Children	Total	Male	Female and Children	Total	White	Colored	White and Black
Medical	1,936	1,247	3,183	2,134	1,285	3,419	3,183	3,419	6,602
Surgical	3,053	1,771	4,824	3,163	2,042	5,205	4,824	5,205	10,029
Nervous	133		133				133		133
Venereal and Skin	1,894	552	2,446	1,645	213	1,858	2,446	1,858	4,304
Gynecological		422	422		981	981	422	981	1,403
Diseases of Boys, not classified	921		921				921		921
Diseases of Eye, Ear, Nose and Throat	935	1,191	2,126	935	1,191	2,126	2,126	2,126	4,252
Totals	8,872	5,183	14,055	7,877	5,712	13,589	14,055	13,589	27,644

OUTDOOR CLINIC FOR YEAR 1913.

TABLE No. 2.

Month	White Males	Colored Males	White Females	Colored Females	Total White	Total Colored	Males	Females	Grand Total
January	527	633	268	292	795	925	1,160	560	1,720
February	563	573	283	319	892	892	1,136	602	1,738
March	429	627	239	373	668	1,000	1,056	612	1,668
April	559	601	251	321	810	922	1,160	572	1,732
May	636	633	298	331	934	964	1,269	629	1,898
June	682	649	545	658	1,225	1,307	1,331	1,201	2,532
July	923	748	587	631	1,510	1,379	1,671	1,218	2,889
August	969	905	746	657	1,715	1,562	1,874	1,403	3,277
September	933	759	690	692	1,623	1,451	1,692	1,382	3,074
October	880	710	587	676	1,467	1,386	1,590	1,263	2,853
November	755	716	436	478	1,191	1,194	1,471	914	2,385
December	907	432	207	332	1,114	764	1,339	539	1,878
Total	8,763	7,986	5,135	5,760	13,898	13,746	16,749	1,0895	27,644

Total new cases 27,644
 Total consultations 107,196

Employment of Patients Treated in the Hospital During the Year 1913

Artists	3
Actors	7
Auctioneers	2
Agents	46
Butchers	24
Bakers	32
Barbers	18
Bricklayers	15
Boilermakers	15
Blacksmiths	31
Broommakers	1
Brokers	1
Bartenders	27
Bookkeepers	16
Bookbinders	1
Clerks	139
Carpenters	120
Cooks	51
Conductors	15
Cigarmakers	7
Coopers	11
Cab Drivers	7
Contractors	6
Customhouse Officers	1
Cabinetmakers	2
Caulkers	4
Drummers	2
Druggists	5
Dairymen	10
Dyers	3
Dentists	4
Electricians	75
Engineers	43

Farmers	220
Fishermen	13
Gardeners	4
Grocers	2
Glaziers	1
Horse Trainers	6
Hostlers	3
Jockeys	7
Journalists	4
Laborers	5,300
Lawyers	5
Lithographers	2
Lumber Inspectors	12
Moulders	51
Machinists	28
Mechanics	13
Ministers	2
Merchants	18
Miners	6
Musicians	16
Photographers	3
Printers	22
Planters	65
Peddlers	8
Painters	8
Paper Hangers	24
Physicians	1
Police Officers	88
Public Notaries	5
Riggers	1
Railroad Men	499
Slaters	23
Shoemakers	1
School Teachers	11
Stone Cutters	35
Students	14
Sailors	19
Soldiers	2

Swampers	6
Saddlers	1
Steamboatmen	1
Shoeblacks	9
Stock Raisers	9
Telegraph Linemen	15
Telegraph Operators	8
Tailors	13
Upholsterers	8
Veterinarians	15
Watchmen	2
Watchmakers	28
Waiters	1
Wheelwrights	1

Nationality of Patients Admitted During the Year

UNITED STATES.

Alabama	285
Arkansas	50
California	16
Colorado	7
Connecticut	10
District of Columbia	2
Delaware	2
Florida	44
Georgia	85
Illinois	79
Indiana	47
Indian Territory	14
Iowa	20
Kentucky	75
Kansas	13
Louisiana	10,595
Maine	6
Maryland	17
Massachusetts	33
Mississippi	828
Missouri	79
Minnesota	10
Michigan	34
Montana	1
New York	89
North Carolina	44
New Jersey	10
New Hampshire	1
Nebraska	8
Ohio	81
Pennsylvania	57

Rhode Island	4
South Carolina	42
Tennessee	101
Texas	163
Unknown	25
Virginia	79
Vermont	7
Wisconsin	20
Washington	3
	<hr/> 13,086

FOREIGN COUNTRIES.

Africa	4
Austria	33
Australia	3
Belgium	4
Canada	33
China	11
Cuba	8
Central America	18
Denmark	21
England	68
Finland	9
France	81
Germany	141
Greece	18
Hanover	1
Holland	4
Hungary	12
Ireland	184
Italy	332
Isle of Man	5
Malta	6
Manila	14
Mexico	25
Norway	27
Nova Scotia	1

Newfoundland	3
Portugal	6
Poland	6
Russia	38
Spain	35
Scotland	34
Sweden	14
Syria	15
Switzerland	12
Unknown	15
West Indies	22
<hr/>	
Total	1,263

DEATHS 1913.

	White.					Colored.				
	Males.	Boys.	Females.	Girls.	Total.	Males.	Boys.	Females.	Girls.	Total.
January	43	6	14	4	67	51	4	26	3	84
February	40	7	20	11	78	49	2	27	6	84
March	44	7	8	5	64	44	7	26	8	85
April	29	5	17	9	60	43	5	35	3	86
May	30	7	14	13	64	36	7	19	10	72
June	37	5	19	12	73	41	1	21	7	70
July	34	7	16	8	65	34	3	29	8	74
August	37	3	17	5	62	49	9	21	3	82
September	35	5	19	2	61	34	12	15	7	68
October	51	6	14	6	77	34	11	17	7	69
November	43	11	13	5	72	44	4	38	9	95
December	49	12	12	4	77	33	11	20	13	77
Total	472	81	183	84	820	492	76	294	84	946

DEATHS WITHIN 36 HOURS OF ADMISSION.

Patients Died In	12 Hours.	24 Hours.	36 Hours.	Total.
January	16	7	23	46
February	23	10	20	53
March	11	12	19	42
April	14	6	16	36
May	16	5	27	48
June	18	14	17	49
July	25	12	20	57
August	18	9	15	42
September	17	11	14	42
October	25	12	14	51
November	25	22	10	57
December	17	24	11	52
	225	144	206	575

TABLEAU

Showing the Respective Ages of Patients Deceased in the Charity Hospital
in the Year 1913.

WHITE.	January	February	March	April	May	June	July	August	September	October	November	December	Total
Under 1 year.....	12	10	4	5	15	10	8	10	12	4	11	9	86
1 to 5 years.....	12	1	4	—	15	9	—	10	10	—	4	—	56
5 to 10 years.....	12	1	1	—	12	—	4	10	10	—	—	—	52
10 to 15 years.....	12	—	—	—	—	—	—	—	10	—	—	—	12
15 to 20 years.....	12	—	—	—	—	—	—	—	10	—	—	—	12
20 to 25 years.....	12	8	6	6	10	10	5	10	10	10	—	—	31
25 to 30 years.....	12	10	5	6	10	10	5	10	10	10	—	—	52
30 to 40 years.....	6	9	9	9	8	10	6	14	14	10	8	8	98
40 to 50 years.....	10	8	9	6	10	10	14	11	10	10	9	9	114
50 to 60 years.....	10	10	9	8	10	12	10	8	10	18	11	12	131
60 to 80 years.....	14	11	11	12	11	12	8	11	10	15	8	14	128
80 to 90 years.....	1	1	—	1	1	11	—	—	1	—	9	1	28
90 to 100 years.....	—	—	2	—	—	1	—	—	—	—	1	—	5
100 yrs. and up.....	—	—	—	—	—	—	—	—	—	—	—	—	—
Total.....	67	78	64	60	64	73	65	62	61	77	72	73	816

COLORED.	January	February	March	April	May	June	July	August	September	October	November	December	Total
Under 1 year.....	12	4	6	1	11	5	8	1	10	10	6	10	82
1 to 5 years.....	12	—	—	—	5	—	—	—	8	4	4	5	47
5 to 10 years.....	1	—	1	—	1	—	—	4	1	1	4	3	26
10 to 15 years.....	1	—	1	—	1	1	—	1	1	1	3	1	14
15 to 20 years.....	12	—	11	12	4	6	4	5	10	6	1	7	60
20 to 25 years.....	9	6	12	13	8	9	7	13	7	5	18	5	112
25 to 30 years.....	8	11	8	12	6	10	4	10	10	8	9	5	98
30 to 40 years.....	16	8	14	19	12	19	15	14	14	14	15	16	176
40 to 50 years.....	15	20	13	15	12	9	16	13	9	8	17	8	155
50 to 60 years.....	8	13	7	9	10	4	8	8	5	8	10	7	97
60 to 80 years.....	5	10	5	7	—	7	5	6	5	4	10	5	69
80 to 90 years.....	—	5	—	—	—	—	3	—	—	—	—	1	12
90 to 100 years.....	—	—	—	—	1	—	—	—	—	—	—	—	1
100 yrs. and up.....	—	—	—	—	—	—	—	—	—	—	—	—	—
Total.....	84	84	85	86	72	70	74	82	68	69	95	81	950

"A. B. MILES" AMPHITHEATRE SERVICE FOR 1913.

	January	February	March	April	May	June	July	August	September	October	November	December	Total
Accident Cases.....	885	779	942	946	1,004	1,169	1,383	1,634	1,408	1,292	1,148	1,184	13,774
Ether Anaesthesia.....	151	161	153	162	131	157	192	159	84	148	117	113	1,728
Chloroform Anaesthesia.....	...	1	...	...	...	...	...	...	...	3	3	3	10
Ethyl Chloride.....	...	...	...	...	4	2	2	3	...	...	1	1	13
Local Analgesia.....	15	16	22	18	14	21	47	25	14	26	19	19	256
Spinal Analgesia.....	28	19	18	31	22	19	10	6	7	27	13	21	221
Operations	219	224	212	268	198	297	342	252	151	277	228	222	2,890

DELGADO OPERATING ROOM SERVICE FOR 1913.

	January	February	March	April	May	June	July	August	September	October	November	December	Total
Ether Anaesthesia.....	105	104	110	97	119	142	135	122	226	149	118	88	1,515
Chloroform Anaesthesia.....	...	...	...	...	...	...	-1	2	1	...	1	1	6
Local Analgesia.....	10	19	12	16	20	22	...	15	28	29	19	32	243
Spinal Analgesia.....	...	2	2	1	2	...	4	2	1	1	2	1	18
Operations	189	197	168	191	189	249	265	224	400	260	211	223	2,766

Total number of operations in Hospital, 5,656.

(The total of operations exceeds the total of anaesthesias, as more than one operation is often done upon one patient.)

SUMMARY OF OBSTETRICAL CASES IN 1913,
AS PER HISTORIES FILED IN RECORD ROOM.

There were 523 obstetrical cases delivered in the Hospital in 1913.

White	219	Primiparae	292
Colored	304	Multiparae	231

Presentations.	Positions.	
Vertex	Left occipito-anterior	306
	Right occipito-anterior	142
	Left occipito-posterior	1
	Right occipito-posterior	1
Breech		8
Transverse		4
Face		2
Foot		4
Shoulder		2
Not determined		53
		<hr/> 523

MANNER OF DELIVERY.

Naturally	480
By Forceps	26
By Podalic Version—(Some also with Forceps)	10
By Caesarian Section—(Deaths: Mothers 4; Infants 5)	7
	<hr/> 523

There were five cases of Twin Pregnancy.

There was no case of Triplets.

MORTALITY OF MOTHERS.

Of the 523 maternal cases delivered in the Hospital 18 died, a mortality of 3.4 per cent.

CAUSES OF DEATH.

Eclampsia (All admitted in that condition)	9
Shock	4
Septicaemia (Admitted in Labor after ineffectual manipulation)	2
Septicaemia (With acute Nephritis)	1
Vomiting of Pregnancy	1
Rupture of Uterus (Admitted in that condition)	1
	<hr/> 18
Male	249
Female	279
Delivered living	463
Still-born	65

The number of children born was 528.

OPERATIONS CLASSIFIED

List of Surgical Operations in the Charity Hospital

FOR THE YEAR 1913

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STATE OF LOUISIANA.

OPERATION.		DIAGNOSIS; REMARKS.
Laparotomies:		
Exploratory	13	Gunshot wound of abdomen
Exploratory	22	Various.
Exploratory	6	Stab wounds of abdomen.
Exploratory; some resection of Bowel	6	
Exploratory; some resection of Bowel	2	Intestinal Obstruction. Volvulus.
Exploratory	2	Malignant Growths (Various).
Exploratory	3	Peritonitis, General.
Exploratory	2	Adhesions broken up.
Exploratory; Colostomy	9	Carcinoma of Rectum.
Exploratory; Thalma's Operation	6	Cirrhosis of Liver.
Exploratory; Drainage	3	After Abscess of Liver.
Exploratory	7	Ectopic Gestation.
Exploratory; Drainage	1	Ovarian Abscess.
Exploratory; Salpingectomy	42	One Tube; (Some Partial).
Exploratory; Salpingectomy	49	Both Tubes.
Exploratory; Salpingo-Ovariectomy	77	One Tube and Ovary (Various).
Exploratory; Salpingo-Ovariectomy	55	Both Tubes and Ovaries (Various).
Exploratory; Salpingo-Ovariectomy	2	Dermoid Cyst of Ovary.
Exploratory; Ovariectomy	62	One Ovary.
Exploratory; Ovariectomy	6	Both Ovaries.
Exploratory; Ovariectomy	35	One Ovary (Partial Resection).
Exploratory; Ovariectomy	7	Both Ovaries (Partial Resection).

Exploratory; Ovariectomy	9	Ovarian Cyst.
Exploratory; Cysts Punctured	14	Small Ovarian Cysts.
Exploratory; Hysterectomy	6	Intraligamentous Cysts.
Exploratory; Hysterectomy	1	Carcinoma of Uterus.
Exploratory; Hysterectomy	2	Various.
Supra-Vaginal Hysterectomy	129	Uterine Fibroid (Many with Complications).
Supra-Vaginal Hysterectomy	14	Salpingo-Ovaritis.
Supra-Vaginal Hysterectomy	17	Double Salpingo-Ovaritis.
Supra-Vaginal Hysterectomy	1	Intraligamentous Fibroid.
Supra-Vaginal Hysterectomy	4	Metritis, Chronic.
Supra-Vaginal Hysterectomy	2	Tubo-Ovarian Abscess.
Panoysterectomy	21	Uterine Fibroid
Panhysterectomy	15	Double Salpingo-Ovaritis
Panhysterectomy	8	Carcinoma of Uterus.
Panhysterectomy	5	Carcinoma of Cervix.
Panhysterectomy	1	Prolapse of Uterus.
Myomectomy	24	Myoma of Uterus.
Excision of Cyst	5	Round Ligament Cyst.
Excision of Cyst	1	Broad Ligament Cyst.
Resection of Bowel	1	Tuberculosis.
Removal of Cervical Stump	1	Endocervicitis.
Ventro-Suspension	23	Various (In Combination).
Ventro-Fixation	7	Various (In Combination).
Bamm's Suspension	5	Various (In Combination).
Ligament Suspension	105	Various (In Combination).
Appendectomy	1,028	Catarrhal, Recurrent and in complication.
Appendectomy	29	Suppurative and Gangrenous.
Fecal Fistula	1	
Plastic	3	Viceroptosis.
Instrumental Delivery	5	
Entero-Enterostomy	11	Various.
Enterostomy	4	Tubercular Peritonitis.
Gastro-Enterostomy	4	Duodenal Ulcer, etc.
Gastro-Enterostomy	11	Carcinoma of Pylorus.

LIST OF SURGICAL OPERATIONS IN THE CHARITY HOSPITAL FOR THE YEAR 1913—Continued.

OPERATIONS.		DIAGNOSIS; REMARKS.
Laparotomies—Continued.		
Gastro-Enterostomy	6	Ulcer of Stomach.
Cholecysto-Enterostomy	1	
Cholecystotomy	13	Cholecystitis, Suppurative, etc.
Cholecystotomy	1	Biliary Fistula.
Cholelithotomy	17	Cholelithiasis.
Caesarian Section	8	Deformed Pelvis, Eclampsia, etc.
Amputations:		
Arm	5	Railroad Injury.
Arm	3	Machine Injury
Arm	1	Gangrene.
Forearm	1	Compound Fracture
Forearm	1	Gangrene.
Breast	10	Carcinoma.
Breast	1	Mastitis.
Hand	5	Machine Injury
Hand	1	Sarcoma.
Hand	1	Railroad Injury (Double).
Hand	2	Gangrene.
Toes	5	Gangrene.
Toes	4	Necrosis.
Toes	1	Crushed Injury.
Great Toe	1	Railroad Injury.
Great Toe	1	Gangrene.
Great Toe	3	Necrosis.
Foot	10	Railroad Injury.
Foot	7	Gangrene.

Leg, lower third	4	Crushed Injury.
Leg, lower third	1	Railroad Injury.
Leg, lower third	15	Gangrene (Mostly Traumatic).
Leg, lower third	1	Compound Fracture.
Leg, middle third	2	Infected Stump.
Leg, middle third	1	Railroad Injury.
Leg, middle third	3	Gangrene, Senile.
Leg, upper third	2	Railroad Injury.
Leg, upper third	1	Sarcoma of Tibia.
Leg, upper third	1	Osteomyelitis of Tibia.
Thigh, upper third	2	Compound Comminuted Fracture.
Thigh, lower third	3	Gangrene.
Thigh, lower third	5	Amputation Traumatic Leg.
Thigh, middle third	3	Gangrene.
Fingers	1	Infected Wound.
Fingers	2	Machine Injury.
Fingers	4	Crushed Injury.
Fingers	2	Gangrene.
Disarticulations:		
Elbow	1	
Hip	2	Sarcoma of Stump.
Shoulder	1	Fracture Humerus with Gangrene.
Knee	2	Cicatricial Contraction.
Herniotomies:		
Herniotomy	197	Inguinal Hernia (Some with other Operations).
Herniotomy	15	Inguinal Hernia, Strangulated. (Some Double).
Herniotomy	8	Inguinal Hernia, Congenital.
Herniotomy	20	Inguinal Hernia, Double.
Herniotomy	14	Umbilical Hernia.
Herniotomy	1	Umbilical Hernia, Strangulated.
Herniotomy	15	Ventral Hernia.
Herniotomy	7	Femoral Hernia.

OPERATIONS.	DIAGNOSIS; REMARKS.
Incisions: (Majority with Drainage)—	
Abscess	1 Muscles of Back.
Abscess	1 Lumbar (Beck's Paste).
Abscess	1 Arm (Osteomyelitis of Humerus).
Abscess	3 Arm (Infected).
Abscess	8 Axilla and Glands.
Abscess	4 Buttock.
Abscess	12 Breast (Some Tubercular).
Abscess	3 Chest-wall.
Abscess	1 Groin.
Abscess	7 Neck (Some Tubercular).
Abscess	7 Jaw (Not Alveolar).
Abscess	4 Alveolar.
Abscess	24 Liver (Some Resection of Rib).
Abscess	13 Abdominal Wall.
Abscess	2 Intra-Abdominal (Not Appendiceal).
Abscess	1 Eye.
Abscess	4 Parotid.
Abscess	6 Back.
Abscess	27 Peri-Rectal (Some Cured, etc.).
Abscess	1 Psoas.
Abscess	1 Hip (Traumatic).
Abscess	2 Hip (Tubercular).
Abscess	12 Thigh (Some Tubercular; some Complications).
Abscess	2 Shoulder.
Abscess	3 Middle Ear.
Abscess	7 Leg (Various).

Abscess	2	Foot (Various).
Abscess	7	About Knee.
Abscess	4	Face.
Cyst	1	Thyro-Glossal Gland.
Incised and Drained	1	Phlegmonous Erysipelas of Leg.
Incised and Drained	1	Empyema of Antrum.
Incised and Drained	1	Stricture of Rectum.
Ilium	1	Osteitis.
Leg	1	Compound Fracture
Finger	1	Infected Wound.
Hand	6	Infected Wound.
Foot	8	Infected Wound.
Knee	6	Infected Wound.
Knee	2	Pyarthrosis.
Leg	1	Periostitis of Fibula.
Leg	1	Osteomyelitis.
Excisions:		
Axillary Glands	8	Adenitis (Tubercular) 1 Carcinoma.
Cervical Glands	35	Adenitis (Various).
Inguinal Glands	27	Various.
Hematoma	2	Contusion of Scalp.
Cyst of Coccyx	1	Dermoid.
Cyst of Face	2	Sebaceous.
Cyst of Neck	10	Sebaceous.
Cyst, Sublingual	2	Ranula.
Parotid Gland	1	Infected.
Cysts, etc., of Thyroid	3	Goitre.
Adenoids	458	Mostly combined with Enlarged Tonsils.
Neoplasm of Abdominal Wall	3	Fibroma; 1 Lipoma.
Neoplasm of Breast	7	Adeno-Fibroma.
Neoplasm of Breast	15	Malignant Growths.
Neoplasm of Breast	1	Lipoma.
Neoplasm of Face	7	Carcinoma.

LIST OF SURGICAL OPERATIONS IN THE CHARITY HOSPITAL FOR THE YEAR 1913—Continued.

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OPERATIONS.	DIAGNOSIS; REMARKS.
Excisions—Continued.	
Neoplasm of Face	2 Sarcoma.
Neoplasm of Cheek	2 Epithelioma.
Neoplasm of Chest	1 Lipoma.
Neoplasm of Groin	1 Carcinoma.
Neoplasm of Scalp	1 Lipoma.
Neoplasm of Thigh	1 Lipoma.
Neoplasm of Thigh	1 Popilloma.
Neoplasm of Knee-joint	1 Lipoma.
Neoplasm of Ear	3 Keloid.
Neoplasm of Thumb	1 Sarcoma.
Neoplasm of Finger	1 Sarcoma.
Neoplasm of Leg	1 Lipoma.
Neoplasm of Lip	9 Epithelioma.
Neoplasm of Neck	5 Carbuncle.
Neoplasm of lip	1 Carcinoma.
Neoplasm of Parotid Gland	1
Neoplasm of Rib	1
Neoplasm of Maxilla, Superior	1 Carcinoma.
Neoplasm of Maxilla, Inferior	5 Sarcoma.
Neoplasm of Maxilla, Superior	1 Sarcoma.
Neoplasm of Hand	3 Epithelioma.
Neoplasm of Back	5 Lipoma.
Neoplasm of Nose	1 Epithelioma.
Neoplasm of Shoulder	1 Sarcoma.
Neoplasm of Nose	1 Sarcoma.
Neoplasm of Jaw	5 Epithelioma, 1 carcinoma.

STATE OF LOUISIANA.

Neoplasm of Rectum	1	Polypus.
Neoplasm of Rectum	6	Carcinoma.
Ganglion of Hand	1	
Fissure of Anus	1	Old Peri-Rectal Abscess.
Nails of Toes	2	Lacerated Wound.
Housemaid's Knee	1	
Rudimentary Digit	1	Congenital Malformation of Hand.
Polypus	6	Nasal.
Varicose Veins	26	
Tonsil (Doubles counted as one)	385	Hypertrophy, etc. (Many with Adenoids).
Resections, Osteotomies and Sequestrotomies:		
Bones of Ankle, Arthrodena	2	Flail Ankle.
Nasal Bones; exploratory	1	Sarcoma.
Frontal Sinus	12	Frontal Sinusitis; 1 necrosis.
Maxillary Sinus	2	Maxillary Sinusitis.
Deflected Septum	17	Sub-Mucous Resection.
Turbinates	5	Rhinitis, Hypertrophy, etc.
Skull	2	Necrosis.
Metacarpal	2	Sarcoma.
Metacarpal Bones	3	Periostitis.
Metacarpal Bones	1	Necrosis.
Ethmoid Sinusitis	2	
Humerus	2	Non-union, Lane late.
Humerus	10	Osteomyelitis.
Humerus	3	Necrosis.
Humerus	1	Gunshot Wound.
Humerus, Transplantation of Bone	1	Compound Fracture.
Elbow	1	Tuberculosis.
Wrist	2	Necrosis and Arthritis.
Wrist	1	Tubercular.
Radius	5	Necrosis.
Radius and Ulna	1	Compound Fracture.
Ribs	3	Abscess of Liver

LIST OF SURGICAL OPERATIONS IN THE CHARITY HOSPITAL FOR THE YEAR 1913—Continued.

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STATE OF LOUISIANA.

OPERATIONS.	DIAGNOSIS; REMARKS.
Resections, Osteotomies and Sequestrotomies—Continued.	
Ribs	4 Necrosis.
Tibia	9 Osteomyelitis.
Tibia, Transplantation of Bone	1 Ununited Fracture.
Tibia	3 Necrosis.
Tibia and Fibula	1 Non-union.
Tibia and Fibula	3 Compound Fracture.
Femur	2 Osteomyelitis.
Tibia and Fibula, Transplantation of Bone	1 Compound Fracture.
Femur	4 Compound Fracture (Old).
Femur	2 Tuberculosis.
Femur	5 Ununited.
Maxilla Inferior	10 Necrosis.
Maxilla Inferior	1 Protruding Maxilla.
Maxilla Superior	1 Necrosis.
Os Calcis	1 Exostosis.
Sacro-Iliac	1 Tuberculosis.
Tarsal Bones	3 Necrosis.
Metatarsal Bones (Partial Resection)	1 Necrosis.
Great Toe; Phalanx	4 Necrosis; 1 Exostosis.
Great Ttoe; Removed	1 Burisitis.
Metatarsal	1 Osteomyelitis.
Sternum	1 Tuberculosis.
Ulna	1 Compound Fracture; Necrosis.
Semilunar Cartilage	1 Dislocation.
Knee Joint, Arthrectomy and cast	2 Genu Valgum.
Knee Joint, Arthrectomy and cast	1 Genu Varum.

Osteoclasia:

Manual Force; Casts Applied	6	Double Genu Valgum.
Manual Force; Casts Applied	2	Double Genu Varum.
Manual Force; Casts Applied	1	Pos Equino-Varus.
Adhesions broken up	3	Ankylosis of Knee.
Correction by Casts	1	Genu Varus.

Curettages (Many Packed):

Old Sinuses	6	Various.
Maxilla Inferior	1	Necrosis.
Tibia and Fibula	1	Necrosis.
Metatarsal Bones	1	Tuberculosis.
Leg	1	Ulcer of Leg.
Carpal Bones	1	Tuberculosis.

Gynaecological:—

Alexander's Operation	2	Retroversion of Uterus.
Amputation of Cervix	49	Various.
Cauterization, etc.	2	Carcinoma of Cervix.
Excision	4	Carbuncle of Urethra.
Excision	9	Infected Vulvo-Vaginal Glands.
Excision	2	Cyst of Vagina.
Excision, Labia Majora	2	Syphilitic Ulceration; Elephantiasis.
Excision	8	Uterine Polypus.
Incision	7	Abscess, Vulvo-Vaginal.
Incision	16	Abscess, Pelvic.
Cauterization (Some Curetted)	8	Chancroids of Vulva.
Cauterization	3	Ulcer of Cervix.
Cauterization	2	Vaginal Papillitis.
Curettage, Uterine	251	Endometritis (Many with other Operations).
Curettage, Uterine	24	Retained Secondines.
Curettage, Uterine	2	Menorrhagia.

LIST OF SURGICAL OPERATIONS IN THE CHARITY HOSPITAL FOR THE YEAR 1913—Continued.

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STATE OF LOUISIANA.

OPERATIONS.	DIAGNOSIS; REMARKS.
Curetted and Cauterized	3 Carcinoma of Cervix.
Manual Removal	13 Placenta, etc. (Incomplete Abortion).
Colporrhaphy	13 Various (Besides those otherwise noted).
Perineorrhaphy (Some Plastic)	96 Various (Besides those otherwise noted).
Perineorrhaphy with Colporrhaphy	36 (Besides those otherwise noted.)
Trachelorrhaphy	32 (Besides those otherwise noted.)
Trachelorrhaphy with Perineorrhaphy	59 (Besides those otherwise noted.)
Myomectomy	7 Small Fibroids.
Recto-Vaginal Fistula	1
Vesico-Vaginal Fistula	7 (Some in Combination.)
Cystopexy	2 Cystocele.
Plastic	1 Congenital Atresia of Vagina.
Vaginal Hysterectomy	1 Procidencia.
Vaginal Hysterectomy	1 Carcinoma of Cervix.
Vaginal Hysterectomy	1 Fibroid.
Vaginal Hysterectomy	1 Laceration.
Vaginal Incision	10 Abscess, Pelvic; 4 Haematoma.
Vaginal Suspension	1
Watkin's Operation	5 Retroversion of Uterus; Prolapse.
Protrusion of Abdominal Contents	2
Isthmiodectomy	1
Carcinoma of Sigmoid	1
Lipoma of Neck	1
Gastro Duodenostomy	1
Spheno Megaty	1

Genito-Urinary:—

Partial Amputation of Penis		Epithelioma.
Circumcisions	247	Phimosis and Long Prepuce; (Some Cauterized).
Aspiration	11	Hydrocele.
Cauterization (Many curetted)	42	Chancroids.
Cauterization	4	Chancro.
Dilatation (Many in Combination)		Stricture (Numerous; Number not Noted).
External Urethrotomy	55	Stricture.
External Urethrotomy	13	Stricture with Extravasation.
Incision and Drainage	1	Abscess of Scrotum.
Incision and Drainage	1	Multiple Extravasation.
Incision and Drainage	1	Hematocele.
Incision and Drainage	1	Urethral Fistula.
Incision and Drainage	1	Rupture of Bladder with Peritonitis.
Internal Urethrotomy	13	Stricture, etc.
Hydrocele of Tunica Vaginalis	41	(Some Radical).
Hydrocele of Cord	3	"
Nephrotomy	6	Nephrolithiasis.
Nephrectomy	2	Tuberculosis of Kidney.
Nephrectomy	3	Abacys, eri-Nephritic.
Nephrectomy	4	Pyonephrosis, and Tumor.
Nephropexy	9	Nephroptosis.
Orchidectomy	9	Various.
Orchidopexy	4	Undescended Testicle.
Perineal Prostatectomy	3	Hypertrophy of Prostate.
Suprapubic Prostatectomy	20	Hypertrophy of Prostate.
Suprapubic Cystotomy	3	Hypertrophy of Prostate.
Suprapubic Cystotomy	6	Cystitis Chronic, etc.
Suprapubic Cystotomy	3	Stricture of Urethra.
Suprapubic Cystotomy	1	Hair Pin Embedded in Stone in Bladder.
Suprapubic Cystotomy	2	Vesical Calculi.
Suprapubic Cystotomy	1	Contracted Bladder; Carcinoma.
Urethrorrhaphy	1	Multiple Fistula of Urethra.
Plastic Work on Urethra	1	

LIST OF SURGICAL OPERATIONS IN THE CHARITY HOSPITAL FOR THE YEAR 1913—Continued.

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STATE OF LOUISIANA.

OPERATIONS.		DIAGNOSIS; REMARKS.
Genito-Urinary—Continued.		
Suturing, etc.	1	Hypospadias.
Varicocele	16	
Vasectomy	1	
Eye:—		
Cataract	56	Mostly Senile; a few Congenital.
Enucleation of Eye	38	Various.
Iridectomy	6	Various.
Tenotomy Internal Rectus	2	Converging Strabismus.
Excised	2	Glioma (One Double).
Excised	3	Lachrymal Cyst.
Plastic Work on Lids	5	
Plastic Work	1	Entropion.
Extraction of Lens	1	
Paracentesis	2	Ulcer Cornea.
Sutured	1	Wound of Sclera.
Pterygium	7	McReynold's Operation.
Evisceration	2	Perforated Eye; Various.
Tarsorrhaphy	1	Extropion.
Miscellaneous:—		
Aspiration	1	Hematoma.
Aspiration	1	Hemothorax.
Aspiration	2	Hydrothorax, etc.
Aspiration	1	Knee.
Aspiration	1	Otitis Media Suppurative.

Cast Applied	12	Fracture of Leg.
Cast Applied	1	Fracture of Humerus.
Cast Applied		Fracture of Femur (Numerous; Number not Noted).
Cauterization	2	Ulcer of Rectum.
Cauterization	1	Fissure of Anus.
Cauterization	1	Condylomata.
Craniotomy, (Some Exploratory)	33	Fracture of Skull, etc.
Craniotomy	2	Undeveloped Cerebrum.
Craniotomy	1	Foreign Body in Brain.
Dilatation	2	Stricture of Oesophagus.
Dilatation	15	Stricture of Rectum (Some with Ulcers).
Resection of Rectum	1	Prolapse.
Endoaneurysmorrhaphy (Matas)	2	1 Popliteal; 1 Gluteal Aneurysm.
Endoaneurysmorrhaphy (Matas)	1	Femoral Aneurysm.
Injection of Alcohol	1	Trifacial Neuralgia.
Injection of Formalin in Glycerine	8	Pyarthrosis of Knee and Elbow.
Injection of Salvarsan		(Numerous; Number not Noted.)
Dislocation of Ankle	11	Reduced.
Dislocation of Elbow	6	Reduced.
Dislocation of Hip	2	Reduced.
Dislocation of Knee	1	Reduced.
Dislocation of Patella	1	Reduced.
Dislocation of Shoulder	5	Reduced.
Fistula in Ano (Some combined)	71	Incised, Excised, Cured, etc.
Foreign Body	1	Removed from Larynx.
Foreign Body (Pin)	1	Removed from Larynx.
Foreign Body (Bullet)	4	Removed from Leg.
Foreign Body (Bullet)	1	Removed from Knee.
Foreign Body (Bullet)	2	Removed from Back.
Foreign Body	1	Removed from Scalp.
Foreign Body (Wire)	1	Removed from Arm.
Foreign Body (Fragment of Steel)	2	Removed from Nose.
Foreign Body (Bullet)	1	Removed from Foot.
Foreign Body (Needle)	9	Removed from Hand, Foot and Knee.

LIST OF SURGICAL OPERATIONS IN THE CHARITY HOSPITAL FOR THE YEAR 1913—Continued.

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STATE OF LOUISIANA.

OPERATIONS.	DIAGNOSIS; REMARKS.
Miscellaneous—Continued.	
Foreign Body (Lane's Plates)	Removed from old Fractures of Leg.
Ganglion of Wrist	Removed.
Hemorrhoids Removed	Ligation, Clamp and Cautery, etc.
Imperforate Anus	Radical Operation.
Ligation of External Carotid	1 Carcinoma of Tongue; 1 Nasal Sarcoma.
Ligation of Carotid	Carcinoma of Tongue.
Ligation of Thyroid	Goitre.
Ligation of Internal Saphenous Vein	Varicose Veins.
Laminectomy	Gunshot Wound of Spine and Fracture.
Mastoid Operation	Mastoiditis, etc.
Neurorrhaphy	Ruptured Nerve.
Plastic Operation	Injury of Hand and Shoulder.
Plastic Operation	Various.
Plastic Operation	Hare-Lip (Some also for Cleft Palate).
Plastic Operation	Repair of Nose.
Plastic Operation	Cicatricial Deformity, Various.
Plastic Operation	Hand, Syndactylism.
Plastic Operation	Palmar Tendons; 1 Abdominal Wall.
Phlebectomy	Phlebitis.
Plates Applied	Fracture of Leg.
Skin Graft	Ulcer; Various.
Skin Graft	Burns; Various.
Skin Graft	Infected Stump; Lacerated Wounds.
Staphylorrhaphy (Some Plastic)	Cleft Palate.
Suturing Capsule	Fracture of Patella and Rupture Patella Ligament.
Suturing Sundry Wounds, etc.	(Too Numerous and Varied to Enumerate).

Suturing of Heart	1	Stab Wound of Heart.
Suturing Muscles	1	Lacerated Muscles.
Tendon Achilles	1	Sutured.
Tenorrhaphy; Tendon Transplanted	3	Various.
Tenotomy and Redressment	2	Talipes Equinus.
Tenotomy and Redressment	7	Infantile Paralysis.
Tenotomy and Redressment	4	Various.
Tenotomy and Redressment	5	Talipes Equino-Varus.
Tendon Transplanted; Art. Silk Ligament	1	Talipes Equino-Valgus.
Thoracotomy	41	Empyema (Various).
Thoracotomy	1	Gunshot Wound of Chest.
Thoracotomy	5	Foreign Body.
Thyroidectomy	18	Various.
Wiring Fragments	1	Fractured Femur.
Wiring Fragments	1	Compound Fracture Humerus.
Wiring Fragments	1	Fracture of Maxilla Inferior.

REPORT OF RECORD ROOM

FOR THE YEAR 1913.

REPORT OF RECORD ROOM FOR THE YEAR 1913.

N. B.—These tables show the number of cases actually filed in the Record Room during the year. Each case is filed under its principal diagnosis, though death may occur from a complication, as shown by notes.

MEDICAL DIVISION.

Classification and Diagnosis.	Totals.			Cured.			Improved.			Stationary.			Died.		
	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.
BLOOD, Diseases of—															
Anaemias.															
(Primary.)															
Pernicious Anaemia	1	2	3	...	...	...	...	2	2	...	...	...	1	...	1
Simple Anaemia .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Splenic Anaemia	2	...	2	...	...	...	1	...	1	...	...	...	1	...	1
Chlorosis	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
(Secondary.)															
Pernicious	3	2	5	...	...	...	1	1	2	2	...	2	...	1	1
Simple	2	1	3	...	...	...	2	1	3	...	...	...	...	...	...
Leukaemia	4	3	7	1	...	1	3	2	6	...	...	...	...	...	...

CIRCULATORY SYSTEM, Diseases of—

Arteries.

Aneurysm of Aorta	9	18	27	...	...	...	6	6	4	8	12	5	4	9
Aneurysm of Coeliac Axis .....	...	1	1	...	...	...	...	...	...	...	...	...	1	1
Aneurysm of Common Carotid	1	1	2	...	...	...	1	1	2	...	...	...	...	...
Aneurysm of Femoral	1	...	1	...	...	...	...	...	1	...	1	...	...	...
Aneurysm of Innominate	1	...	1	...	...	...	...	...	...	...	...	1	...	1
Aneurysm of Subclavian .....	...	1	2	...	...	...	1	...	1	1	2	...	...	...
Arterial Sclerosis, General	47	20	77	...	...	...	20	15	45	11	8	19	6	12
Dilatation of Aorta	2	2	4	...	...	...	2	1	3	...	1	1	...	...

Heart.

Congenital Malformation of Heart	5	...	5	...	...	...	1	...	1	2	...	2	...	2
Endocarditis, Acute, Simple	1	...	1	...	...	...	1	...	1	...	...	...	...	...
Endocarditis, Acute, Infective .....	...	4	4	...	1	1	...	...	...	...	...	...	2	2

Myocardial Diseases.

Dilatation, Acute, Cardiac	2	...	2	...	...	...	1	...	1	...	...	2	...	2
Dilatation, Chronic, Cardiac	2	5	7	...	...	...	2	1	3	...	2	2	...	2
Hypertrophy, Cardiac	1	5	6	...	...	...	1	...	1	...	1	1	...	4
Myocarditis, Chronic	11	17	28	...	...	...	9	12	21	1	...	1	1	6

Neuroses.

Angina, Pectoris .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...
Arrhythmia, Cardiac .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...
Palpitation, Cardiac	1	...	1	...	...	...	1	...	1	...	...	...	...	...
Tachycardia	1	1	2	1	...	1	...	1	1

Valvular Diseases, Chr. Cardiac	141	332	373	90	115	205	7	22	29	44	95	139
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Classification and Diagnosis	Totals			Cured			Improved			Stationary			Died		
	White	Colored	Total	White	Colored	Total	Colored	White	Total	Total	Colored	Total	White	Colored	Total
CIRCULATORY SYSTEM—Continued.															
Pericardium.															
Pericarditis, Acute	5	32	37	1	...	1	32	...	32	...	...	...	32	32	64
Pericarditis, Chronic .....	...	32	32	...	...	...	...	1	1	...	1	1	...	1	1
DIGESTIVE SYSTEM, Diseases of—															
Intestines and Vermiform Appendix.															
Appendicitis, Catarrhal (Acute)	18	13	31	4	1	5	9	12	21	5	...	5	...	...	...
Appendicitis, Recurrent (Chronic)	17	13	30	1	...	1	5	3	8	11	10	21	...	...	...
Appendicitis, Gangrenous .....	...	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Appendicitis, Suppurative	2	...	2	...	...	...	...	...	...	...	...	...	2	...	2
Constipation, Acute	14	5	19	10	3	13	3	2	5	1	...	1	...	...	...
Constipation, Habitual	39	36	75	6	6	12	28	25	53	5	5	10	...	...	...
Colitis, Non specific	43	3	46	22	...	22	17	3	20	3	...	3	1	...	1
Colitis, Ulcerative	5	...	5	1	...	1	1	...	1	2	...	2	1	...	1
Enteritis, Acute	8	5	13	6	...	6	1	5	6	1	...	1	...	...	...
Enteritis, Chronic	4	2	6	...	1	1	2	1	3	...	2	...	...	...	...
Enterocolitis (Adults)	9	4	13	2	3	5	7	1	8	...	...	...	...	...	...
Enterocolitis (Children)	40	9	49	17	4	21	10	2	12	...	...	...	13	3	16

Gastro-duodenitis	1	1	2	1	...	1	...	...	...	...	...	...	1	1
Gastro-enteritis (Adults)	5	2	7	2	2	4	3	...	2	...	...	...	...	...
Gastro-enteritis (Children)	17	18	35	12	7	4	4	8	12	1	...	1	10	8
Auto-intoxication, Intestinal	54	49	103	41	35	76	13	11	24	...	1	1	...	2
Duodenal Ulcer (Not operated)	2	...	3	...	...	...	2	...	2	...	...	1	...	1
Fermentation, Intestinal	2	2	4	1	...	1	1	2	3	...	...	...	...	...
Hemorrhage, Intestinal .....	...	1	1	...	...	...	...	...	...	...	...	...	1	1
Neoplasm, Intestinal	4	1	5	...	...	...	...	...	3	1	4	1	...	1
Neuroses.														
Enteralgia	1	...	1	...	...	...	...	...	1	...	1	...	...	...
Intestinal Obstruction, Complete	5	1	6	...	...	...	2	...	2	1	...	1	2	1
Intestinal Obstruction, Partial	1	2	3	...	1	1	1	...	1	...	1	1	...	...
Enteroptosis (or Splanchnoptosis)	3	...	3	...	...	...	2	...	2	1	...	1	...	...
Tuberculosis, Primary Intestinal	2	...	2	...	...	...	2	...	2	...	...	...	...	...
Liver.														
Abscess of Liver (Not operated)	2	...	2	...	...	...	1	...	1	...	...	...	1	1
Cirrhosis of Liver, Atrophic	17	6	23	...	...	...	4	1	5	6	3	9	7	9
Cirrhosis of Liver, Hypertrophic	14	6	20	...	...	...	7	3	10	3	1	4	4	6
Hepatitis, Acute	1	1	2	...	...	...	1	1	2	2	...	...	...	...
Hepatitis, Chronic .....	...	1	1	...	...	...	...	...	...	1	1	...	...	...
Functional Derangement of Liver	6	1	7	3	...	3	2	1	3	1	...	1	...	...
Neoplasm of Liver	2	1	3	...	...	...	...	1	1	...	...	...	2	2
Gall Bladder.														
Cholecystitis, Acute	8	5	13	...	2	2	6	3	9	1	...	1	1	1
Cholecystitis, Chronic	1	...	1	...	...	...	...	...	...	1	...	1	...	...
(Gall Ducts.)														
Cholangitis, Catarrhal	2	1	3	2	...	2	...	1	1	...	...	...	...	...

[illegible]

Tongue.

Glossitis, Acute	2	...	2	1	...	1	1	...	1	...	...	...	...	...
Glossitis, Chronic Ulcerative .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...

Tonsils.

Tonsillitis, Acute	28	14	42	22	9	31	6	5	11	...	...	...	...	...
Tonsillitis, Gangrenous	1	1	...	1	1

Oesophagus.

Stricture of Oesophagus	2	...	2	2	...	2
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DIGESTIVE SYSTEM, Diseases of—

Pancreas.

Neoplasm of Pancreas (Malignant)	2	...	2	2	...	2
Pancreatitis, Acute .....	...	1	1	...	...	...	...	...	...	...	...	...	1	1
Pancreatitis, Chronic	1	...	1	...	...	...	1	...	1	...	...	...	...	...

Peritoneum.

Peritonitis, Acute, General .....	...	2	2	...	...	...	...	...	...	...	...	...	2	2
Peritonitis, Local	1	...	1	...	...	...	1	...	1	...	...	...	...	...
Tuberculosis, Peritoneal	4	8	12	2	4	6	2	1	3	3	3

Rectum.

Neoplasm of Rectum	1	1	2	1	1	2
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Stomach.

Dilatation, Acute, Gastric	3	...	3	3	...	3
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Classification and Diagnosis	Totals			Cured.			Improved.			Stationary.			Died.		
	White	Colored	Total.	White	Colored	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.
DIGESTIVE SYSTEM—Continued.															
Fermentation, Gastric	1	1	2					1	1	1		1			
Gastritis, Acute, Catarrhal	10	6	16			4	9	12	11		1	1			
Gastritis, Chronic	10	4	14					12	12		1	1			
Gastropnoia (Not operated)	12		12				1		1	12		12			
Hematemesis	12	2	14	1	1	2	1		1		2	2			
Neoplasm, Gastric (Malignant)	5	5	10							5	12	17			5
Neuroses.															
Atony, Gastric	1		1							1		1			
Cyclic Vomiting	1		1	1		1									
Hyperchlorhydria	6	1	7		1	1	5		5	1		1			
Hypochlorhydria	2		2	1		1	1		1						
Nervous Dyspepsia	1	1	2					1	1	1		1			
Gastralgia	3		3				12		12	1		1			
Post-typhoid Neurosis	1		1							1		1			
Ulcer, Gastric (Not operated)	8	5	13				4	3	7	3	1	4	1	1	2

DUCTLESS GLANDS, Diseases of—

Thyroid.

Goiter (Various, not operated)	12	3	5	...	...	...	...	...	...	5	5	5	...	...	...
Goiter, Exophthalmic (Not operated)	24	...	2	...	...	...	...	...	...	...	...	...	...	...	...
Thyroiditis	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...

INFECTIVE DISEASES.

Cerebro-spinal Fever	17	41	58	8	22	36	...	...	...	1	...	1	8	19	27
Diphtheria	167	42	309	132	22	154	10	3	13	...	...	...	25	17	42
Dysentery, Amoebic	43	20	63	15	7	22	17	7	24	5	4	9	6	2	8
Hydrophobia (Exclusive Pasteur Clinic)	1	...	1	...	...	...	...	...	...	...	...	...	1	...	1
Influenza	66	13	79	46	6	52	19	7	26	1	...	1	...	...	...
Leprosy (Transferred to Leper Home)	3	...	3	...	...	...	...	...	...	3	...	3	...	...	...
Malarial, Cachexia	5	...	5	1	...	1	4	...	4	...	...	...	...	...	...
Malarial Fever, Aestivo-autumnal	98	35	133	64	16	80	32	17	49	...	...	...	2	2	4
Malarial Fever, Pernicious	3	1	4	...	...	...	...	...	...	...	...	...	3	1	4
Malarial Fever, Tertian	129	45	174	78	27	105	47	17	64	4	1	5	...	...	...
Measles (Death from, Pneumonia)	74	35	109	70	34	104	1	...	1	...	1	1	3	...	3
Mumps	1	1	2	1	1	3	...	...	...	...	...	...	...	...	...
Rheumatic Fever, Acute	10	16	26	5	7	12	5	7	12	...	2	2	...	...	...
Rheumatic Fever, Subacute	15	8	23	3	1	4	12	7	19	...	...	...	...	...	...
Rotheln	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Scarlet Fever	18	...	18	17	...	17	1	...	1	...	...	...	...	...	...
Tuberculosis, Acute, General	1	4	5	...	...	...	...	...	...	...	...	...	1	4	5
Typhoid Fever	93	59	152	66	39	105	10	7	17	...	1	1	17	12	29
Varicella	6	2	8	5	1	6	1	...	1	...	1	1	...	...	...
Variola (Sent to Pest-House)	1	...	1	...	...	...	...	...	...	1	...	1	...	...	...
Whooping Cough	12	5	17	6	2	8	3	...	3	1	1	2	2	2	4

REPORT OF RECORD ROOM FOR THE YEAR 1913, MEDICAL DIVISION—Continued.

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STATE OF LOUISIANA.

Classification and Diagnosis	Totals			Cured			Improved			Stationary			Died		
	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total
KIDNEYS, Diseases of—															
Abscess, Renal (Not operated).....		1	1											1	1
Congestion, Acute, Renal.....		1	1		1	1									
Functional Albuminuria	1		1		1	1									
Hematuria, Renal	4		4	2		2	1		1						
Neoplasm, Renal (Malignant).....		1	1												
Nephritis, Acute	19	20	39		3	3		7	14						
Nephritis, Chronic Interstitial	119	98	217				40	33	73	11	8	19	12	10	22
Nephritis, Chronic Parenchymatous.....	73	76	149				37	36	73	4	2	7	22	37	69
Nephrolithiasis (Not operated).....	7	3	10				1	1	2	6	12	8			
Nephroptosis (Not operated)	11		11				2		2	9		9			
Pyelitis	6	2	8	2	1	3	2		2	1	1	2	1		1
Pyelo-nephritis	1		1	1		1									
Tuberculosis, Renal	3	1	4				1		1	2		2		1	1
LYMPHATICS, Diseases of—															
Elephantiasis (Non-Filarial)		1	1					1	1						
Hodgkin's Disease	1	3	4				1	2	3		1	1			
Tabes Mesenterica		1	1								1	1			

MISCELLANEOUS—

Arthritis, Deformans	13	1	14	...	...	...	7	1	8	6	...	6	...	...	...
Cold, Exposure to extreme	2	...	2	2	...	2	...	...	...	...	...	...	...	...	...
Diabetes, Insipidus	2	1	3	...	...	...	1	1	2	...	...	...	1	...	1
Diabetes, Mellitus	5	2	8	...	...	...	2	2	4	1	...	1	2	1	2
Gout, Chronic	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Hemophilia	2	2	4	...	...	...	1	2	3	...	...	...	1	...	1
Malnutrition of Infants	18	24	42	4	7	11	7	11	18	2	...	2	5	6	11
Heat Exhaustion	6	4	10	6	5	9	...	1	1	...	...	...	...	...	...
Heat Prostration	1	1	2	...	1	1	...	...	...	...	...	...	1	...	1
Malingering	15	12	27	3	3	6	3	1	4	9	8	17	...	...	...
Marasmus	18	11	29	...	2	2	1	1	2	...	1	1	17	7	24
Migraine	2	...	2	1	...	1	2	...	2	...	...	...	...	...	...
Obesity	2	...	2	...	...	2	...	2	...	...	...	...	...	...	...
Purpura Hemorrhagica .....	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
Raynaud's Disease	1	...	1	...	...	1	...	1	...	...	...	...	...	...	...
Rheumatism, Chronic Articular	18	9	27	...	...	...	18	9	27	...	...	...	...	...	...
Rheumatism, Muscular	9	5	14	...	2	2	8	3	11	1	...	1	...	...	...
Rickets	1	2	3	...	...	...	1	2	3	...	...	...	...	...	...
Senility	10	14	24	...	...	...	2	3	5	7	5	12	1	6	7
Smoke Inhalation	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Starvation (One adult; 3 children)	2	1	4	2	1	3	1	...	1	...	...	...	...	...	...
Submersion	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Unknown (Mostly Deserted)	250	171	421	...	...	...	...	...	...	250	171	421	...	...	...

NERVOUS SYSTEM, Diseases of—

Brain and Meninges.

Anaemia, Cerebral	2	1	3	1	...	1	1	...	1	...	1	1	...	...	...
Arterial, Sclerosis, Cerebral	2	...	2	...	...	...	2	...	2	...	...	...	...	...	...
Hemiplegia, Old	5	6	11	...	...	...	3	3	5	2	3	5	...	1	1
Hemorrhage, Cerebral	21	31	62	...	...	...	10	11	21	1	5	6	20	15	25
Paralysis, Hemiplegic, Recent	6	3	9	5	2	7	1	1	2

REPORT OF RECORD ROOM FOR THE YEAR 1913, MEDICAL DIVISION—Continued.

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STATE OF LOUISIANA.

Classification and Diagnosis.	Totals.			Cured.			Improved.			Stationary.			Died.		
	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total
NERVOUS SYSTEM, Diseases of—															
Meningitis, Cerebral	1	12	13	...	1	1	1	...	1	...	...	...	...	1	1
Meningitis, Cerebral Tubercular	12	9	21	...	...	...	...	...	...	...	1	1	...	6	11
Neoplasm, Cerebral (not Gummata)	5	1	6	...	...	...	...	...	...	12	1	13	...	...	13
Infantile Paralysis	12	...	12	...	...	...	1	...	1	1	...	1	...	...	...
Functional Nerve and Brain Disorders.															
Convulsions, Infantile .....	...	6	6	...	3	3	...	...	...	...	...	...	...	12	12
Corea	3	1	4	...	...	...	3	1	4	...	...	...	...	...	...
Epilepsy (see also Surgical)	39	17	56	1	...	1	21	11	32	15	6	21	12	...	12
Epilepsy, Jacksonian	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Paralysis Agitans	4	1	5	...	...	...	1	1	2	1	...	1	12	...	12
Paresis	1	1	2	...	...	...	...	...	...	1	1	2	...	...	...
(Sensory and Other Types.)															
Hysteria	51	11	62	12	3	15	34	8	42	5	...	5	...	...	...
Neurasthenia	74	8	82	7	...	7	39	4	43	28	4	32	...	...	...
Stupor Mental .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...

Diseases of Cranial and Spinal Nerves.

Neuralgia, Intercostal	1	2	3	...	...	...	1	2	3	...	...	...	...	...	...
Neuralgia, Occipital (Cervical)	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Neuralgia, Sciatic	8	...	8	1	...	1	7	...	7	...	...	...	...	...	...
Neuralgia, Trifacial (see Surgical)	3	1	4	...	...	...	3	1	4	...	...	...	...	...	...
Neuritis, Alcoholic	7	...	7	1	...	1	5	...	5	1	...	1	...	...	...
Neuritis, Local	6	2	8	...	...	...	5	2	7	1	...	1	...	...	...
Neuritis, Multiple	27	5	32	3	...	3	16	5	21	5	...	5	...	...	...
Paralysis, Post-Diphtheritic (Arm)	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Zoster	4	1	5	2	1	2	1	...	1	1	...	1	...	...	...

Diseases of Spinal Cord, Etc.

Ataxia, Locomotor	12	...	12	1	...	1	5	...	5	4	...	4	...	...	...
Ataxia, Friedrich's, Hereditary	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Dystrophy, Progressive Muscular	1	...	1	...	...	...	...	...	1	...	...	1	...	...	...
Hematomyelia	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Meningitis, Spinal .....	...	1	1	...	...	...	...	...	...	...	...	...	...	1	...
Myelitis	8	5	13	...	...	...	4	2	6	4	...	6	...	1	...
Paralysis, Acute Ascending	1	...	1	...	...	...	...	...	...	...	...	...	1	...	...
Paralysis, Paraplegic	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Polio myelitis, Acute Anterior	1	1	2	...	...	...	1	...	1	...	1	1	...	...	...
Sclerosis Dissem., Cerebro Spinal	8	...	8	...	...	...	1	...	1	4	...	4	...	...	...
Sclerosis, Lateral	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...

PARASITIC DISEASES.

Ascaris Lumbricoides	2	2	4	2	...	2	...	2	2	...	...	...	...	...	...
Taenia Saginata	6	...	6	2	...	2	...	...	...	1	...	1	...	...	...
Uncinariasis	28	...	28	20	...	20	14	...	14	1	...	1

REPORT OF RECORD ROOM FOR THE YEAR 1913, MEDICAL DIVISION—Continued.

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STATE OF LOUISIANA.

Classification and Diagnosis.	Totals.			Cured.			Improved.			Stationary.			Died.		
	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.
POISONINGS AND INTOXICATIONS.															
Alcoholism.															
Alcoholic Cerebral Oedema	1	...	1	...	...	...	...	...	...	...	...	...	1	...	1
Gastritis, Toxic, Alcoholic	3	...	3	...	1	1	...	1	4	...	...	...	...	...	...
Alcoholic Delirium	43	...	43	16	1	17	11	...	11	...	...	...	14	...	14
Alcoholism, Acute	93	...	100	45	...	45	44	4	48	...	1	...	...	...	...
Alcoholism, Chronic	32	1	33	3	1	4	24	...	24	...	...	...	...	...	...
Wood Alcohol Poisoning .....	...	1	1	...	...	...	...	...	...	...	1	1	...	...	...
Animal.															
Ptomaine (Canned Food)	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Ptomaine (Fish, including Oysters)....	4	3	7	3	3	6	1	...	1	...	...	...	...	...	...
Ingestion of Non-toxic Liquids	4	3	7	1	3	4	3	...	3	...	...	...	...	...	...
Ingestion of Caustic Potash (Lye)	4	8	12	1	3	4	3	2	5	...	...	...	...	3	3
Ingestion of Tincture of Iodine	13	6	19	10	4	14	3	2	5	...	...	...	...	...	...

*Nephritis, Chronic.

Mineral Poisons.

Arsenical, Acute	2	2	4	2	1	3	...	1	1	...	...	...	...	...	...
Copper Sulphate	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Lead, Chronic	4	1	5	...	...	...	3	1	4	1	...	1	...	...	...
Mercurial, Acute	16	5	21	10	2	12	6	5	9	...	...	...	...	...	...
Phosphorus	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Mineral (not determined)	5	...	5	4	...	4	1	...	1	...	...	...	...	...	...

Synthetic.

Carbolic Acid Ingestion	22	6	28	9	4	13	10	1	11	...	...	...	3	1	4
Carbon Monoxide (Illuminating Gas)....	5	1	6	3	1	4	1	...	1	...	...	...	1	...	1
Creolin .....	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
Creosote	2	...	2	2	...	2	...	...	...	...	...	...	...	...	...
Formaline	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Gasoline	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Kerosene Oil .....	...	3	3	...	2	2	...	...	...	...	...	...	...	1	1
Lysol .....	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
Turpentine	2	2	4	1	1	2	1	...	1	...	...	...	...	1	1

Vegetable.

Acid, Oxalic	1	1	2	...	1	1	1	...	1	...	...	...	...	...	...
Atropine	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Opium, Acute, (Including Morphine)....	3	...	3	2	...	2	1	...	1	...	...	...	...	...	...
Opium, Chronic, (see also Psychosis)....	4	...	4	1	...	1	1	...	1	1	...	1	...	...	1
Strychnine	1	...	1	...	...	...	...	...	...	...	...	...	1	...	1
Pellagra (?)	34	58	92	7	2	9	21	18	39	1	3	4	5	35	40

RESPIRATORY SYSTEM, Diseases of.—

Bronchi and Trachea.

Asthma	21	8	29	1	...	1	16	7	23	4	1	5
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REPORT OF RECORD ROOM FOR THE YEAR 1913, SURGICAL DIVISION—Continued.

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STATE OF LOUISIANA.

Classification and Diagnosis.	Totals.			Cured.			Improved.			Stationary.			Died.		
	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total
BONES, Diseases of—															
Atrophy, Bones of Ankle .....	...	1	1	...	...	...	...	...	...	...	1	1	...	...	...
Atrophy, Nasal Bone	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Caries of Ribs .....	...	1	1	...	...	...	...	...	...	...	1	1	...	...	...
Deformities of Bone.															
Curvature of Spine, Kyphosis	1	...	1	...	...	...	...	...	...	1	...	1	...	...	...
Curvature of Spine, Scoliosis	12	1	13	...	...	...	1	...	1	1	1	12	...	...	...
Genu Valgum .....	...	12	12	...	1	1	...	1	1	...	...	...	...	...	...
Genu Varum	5	12	17	3	1	4	12	12	4	...	...	...	...	...	...
Hypertrophy of Bone.															
Osteitis Deformans	12	...	12	...	...	...	12	...	12	...	...	...	...	...	...
Exostosis of Maxilla Superior .....	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
Exostosis of Os Calcis	12	...	12	1	...	1	1	...	1	...	...	...	...	...	...
Exostosis of Sacrum .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Necrosis of Bones of Carpus	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Necrosis of Maxilla Inferior	2	9	11	...	1	1	2	6	8	...	1	1	...	1	1

REPORT OF RECORD ROOM FOR THE YEAR 1913, SURGICAL DIVISION—Continued.

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STATE OF LOUISIANA.

Classification and Diagnosis.	Totals.			Cured.			Improved.			Stationary.			Died.		
	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.
BONES, Diseases of—(Continued).															
Faulty Union, Rib	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..
Non-union, Maxilla Inferior .....	..	12	12	..	..	..	..	1	1	..	1	1	..	..	..
Non-union, Femur	1	..	1	..	..	..	1	..	1	..	..	1	..	..	..
Non-union, Forearm, (Ulna)	12	1	13	..	..	..	1	1	2	..	1	1	..	..	..
Non-union, Leg, (Both Bones)	1	1	2	..	..	..	1	..	1	..	1	1	..	..	..
Non-union, Leg, (Tibia)	1	..	1	..	..	..	..	..	..	1	..	1	..	..	..
Non-union, Patella .....	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..
Epiphyseal Separation, (Humerus)	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..
BONES, Injuries of—															
Fracture, Simple, about Ankle	19	16	35	7	3	10	10	12	22	12	1	3	..	..	..
Fracture, Simple, Bones of Hand	12	..	12	..	..	..	2	..	2	..	1	3	..	..	..
Fracture, Simple, Clavicle	9	12	21	2	1	3	6	1	7	1	..	1	..	..	..
Fracture, Simple, Face, (Malar)	12	1	13	1	..	1	1	1	2	..	..	..	..	..	..
Fracture, Simple, Face, (Max. Inferior) ..	10	3	13	4	1	5	6	1	7	..	1	1	..	..	..

Fracture, Simple, Face, (Max. Superior) . . .	4	1	5	...	...	...	3	1	4	1	...	1	...	...	...
Fracture, Simple, Face, (Nasal)	5	...	5	...	...	...	5	...	5	...	...	...	...	...	...
Fracture, Simple, Femur (Intracapsular) . . .	6	2	9	...	...	...	4	2	6	2	...	2	...	1	1
Fracture, Simple, Femur, (all others) . . .	40	29	69	13	16	29	22	10	32	3	2	5	2	1	2
Fracture, Simple, Bones of Foot	8	1	9	2	...	2	5	1	6	1	...	1	...	...	...
Fracture, Simple, Radius (Colles)	5	...	5	...	...	...	5	...	5	...	...	...	...	...	...
Fracture, Simple, Radius, (all others) . . .	2	2	4	...	...	...	2	2	4	...	...	...	...	...	...
Fracture, Simple, Ulna, (Olecranon)	2	1	1	...	...	...	2	1	3	...	...	...	...	...	...
Fracture, Simple, Forearm, (Both Bones) . .	8	2	11	...	...	...	6	2	8	1	1	2	1	...	1
Fracture, Simple, Humerus	21	6	27	6	2	7	15	4	19	1	...	1	...	...	...
Fracture, Simple, Leg, (Fibula)	7	9	16	1	...	1	6	8	14	...	1	1	...	...	...
Fracture, Simple, Leg, (Tibia)	16	12	28	2	2	4	12	10	22	2	...	2	...	...	...
Fracture, Simple, Leg, (Both Bones)	22	24	46	...	6	6	20	17	37	2	1	2	...	...	...
Fracture, Simple, Patella	10	2	12	6	1	6	5	2	7	...	...	...	...	...	...
Fracture, Simple, Pelvis	2	2	5	...	2	2	1	...	1	...	...	1	1	2	2
Fracture, Simple, Ribs	23	15	38	9	4	13	13	9	22	...	1	1	1	1	2
Fracture, Simple, Skull, (Base)	49	35	84	10	10	20	12	8	20	2	...	2	25	17	22
Fracture, Simple, Skull, (Vault)	18	25	43	7	9	16	6	12	18	...	1	1	5	3	8
Fracture, Simple, Vertebrae	9	6	15	1	...	1	5	...	2	1	...	1	4	6	10
Fracture, Compound, about Ankle	3	1	4	2	1	3	1	...	1	...	...	...	...	...	...
Fracture, Compound, Face, (Malar)	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Fracture, Compound, Face (Max Inferior)	...	4	4	...	1	1	...	3	3	...	...	...	...	...	...
Fracture, Compound, Face, (Nasal) . . . .	...	2	2	...	...	...	2	2	...	...	...	...	...	...	...
Fracture, Compound, Femur	2	7	9	1	2	3	...	4	4	...	...	1	1	2	2
Fracture, Compound, Bones of Foot	2	2	5	1	1	2	1	2	3	...	...	...	...	...	...
Fracture, Compound, Forearm, (Elbow) . .	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Fracture, Compound, Forearm, (Radius) . .	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Fracture, Compound, Forearm, (Ulna) . . .	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Fracture, Compound, Forearm, (Both Bones)	2	...	2	...	...	...	2	...	2	...	...	...	...	...	...
Fracture, Compound, Humerus	1	1	4	...	1	1	...	2	2	...	...	1	...	...	1
Fracture, Compound, Leg, (Fibula)	1	1	2	...	...	...	1	1	2	...	...	...	...	...	...
Fracture, Compound, Leg, (Tibia)	4	2	7	2	2	4	1	1	2	...	...	1	...	1	1
Fracture, Compound, Leg, (Both Bones) . .	18	11	29	2	2	5	14	5	20	...	...	2	...	2	2
Fracture, Compound, Skull, (Vault)	2	7	10	...	4	4	2	1	4	...	1	1	...	1	1

REPORT OF RECORD ROOM FOR THE YEAR 1913, SURGICAL DIVISION.—Continued.

Classification and Diagnosis.	Totals.			Cured.			Improved.			Stationary.			Died.		
	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.
BURSAE, Diseases of—															
Bursitis, Chronic, of Knee	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
CIRCULATORY SYSTEM, Diseases of—															
Arteries.															
Aneurysm of Common Carotid .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Aneurysm of Femoral .....	...	2	2	...	1	1	...	...	...	...	1	1	...	...	...
Aneurysm of Gluteal .....	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
Aneurysm of Popliteal .....	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
Veins.															
Phlebitis, Veins of Leg .....	...	1	1	...	...	...	...	...	...	...	1	1	...	...	...
Varicose Veins	30	6	36	13	1	14	13	3	16	4	2	-6	...	...	...
CIRCULATORY SYSTEM, Injuries of—															
Stab Wound of Heart .....	...	2	2	...	1	1	...	...	...	...	...	...	...	1	1

CONGENITAL MALFORMATIONS.

As follows:

Of Hip	1	1	...	...	...	1	1	...	...	...	...	...	...
Of Brain (Hydrocephalus)	2	3	5	...	...	1	1	2	1	2	3	...	...
Of Brain (Hydrocephalus)	2	...	2	...	...	1	...	1	1	...	1	...	...
Of Face (Cleft Palate)	3	...	3	1	...	1	1	1	1	...	1	...	...
Of Face (Harelip)	3	...	3	2	...	2	1	...	1	...	...	...	...
Of Face (both the above)	4	...	4	2	...	2	2	...	2	...	...	...	...
Of Rectum and Anus	2	...	2	...	...	1	...	1	1	...	1	...	...
Of Spine (Spina Bifida)	1	...	1	...	...	...	...	...	1	...	1	...	...
Of Testicle (Non descent)	3	...	3	2	...	2	1	...	1	...	...	...	...
Of Tongue (Tongue-tie)	1	...	1	1	...	1	...	...	...	...	...	...	...
Of Urethra (Hypospadias)	3	...	3	1	...	1	...	...	2	...	2	...	...

DIGESTIVE SYSTEM.

Intestines.

Enteroptosis (Operated)	1	...	1	...	...	1	...	1	...	...	...	...	...
Fecal Fistula	4	4	8	1	1	2	2	2	4	...	1	1	1
Foreign Body in Bowel (Coin)	1	...	1	1	...	1	...	...	...	...	...	...	...
Foreign Body in Bowel (Wire Staple)....	1	...	1	1	...	1	...	...	...	...	...	...	...
Intestinal Obstruction (Adhesions)	1	2	3	...	1	1	...	1	...	...	...	1	1
Intestinal Obstruction (Fecal Impaction)	1	...	1	1	...	1	...	...	...	...	...	...	...
Intestinal Obstruction (Intussusception)	3	2	5	1	...	1	...	...	...	...	2	2	4
Intestinal Obstruction (Volvulus)	2	...	2	...	...	...	...	...	...	...	2	...	2
Ulcer of Duodenum	1	...	1	...	...	1	...	1	...	...	...	...	...
Ulcer of Caecum	1	...	1	...	...	...	...	...	...	...	1	...	1

Peritoneum.

Peritonitis, Acute, General	2	1	3	...	...	...	...	...	...	...	2	1	3
Peritonitis, Acute, Local .....	...	2	2	...	2	2	...	...	...	...	...	...	...
Peritonitis, Pelvic	4	5	9	4	...	4	...	3	3	...	1	1	1

Salivary Fistula	2	1	3	1	...	1	...	1	1	1	...	1	...	...	...
Tonsils.															
Abscess of Tonsil	4	3	7	2	2	4	2	1	3	...	...	...	...	...	...
Hypertrophy of Tonsil (Majority with Adenoids)	340	51	391	210	44	354	25	6	31	5	1	6	...	...	...
Tonsillitis, Chronic, (Operated)	8	2	10	6	2	8	2	...	2	...	...	...	...	...	...
Oesophagus.															
Foreign Body in Oesophagus	1	1	2	1	...	1	...	...	...	...	1	1	...	...	...
Stricture of Oesophagus, (Operated) .....	...	2	2	...	...	...	...	1	1	...	1	1	...	...	...
Pharynx.															
Adenoids, (Majority with Hyp. Tonsil) ..	79	5	84	75	4	79	4	1	5	...	...	...	...	...	...
Abscess, Retropharyngeal	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Foreign Body (Fish-bone) in Pharynx ..	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
Rectum and Anus.															
Abscess about Rectum	25	25	56	11	11	22	13	11	24	1	1	2	...	2	2
Fissure of Anus	3	2	5	...	1	1	1	...	1	2	1	3	...	...	...
Fistula in Ano, Complete	43	40	83	15	13	28	21	19	40	7	8	15	...	...	...
Fistula in Ano, Incomplete	5	3	8	1	1	2	2	2	4	2	...	2	...	...	...
Hemorrhoids	92	57	149	56	30	86	19	15	34	17	11	28	...	1	1
Incontinence of Feces	3	1	4	...	...	...	2	1	3	1	...	1	...	...	...
Prolapse of Rectum	5	3	8	1	...	1	...	3	3	4	...	4	...	...	...
Stricture of Rectum	3	20	23	...	2	2	1	18	19	2	...	2	...	...	...
Ulcer of Rectum	6	8	14	1	1	2	4	5	9	1	1	2	...	1	1

REPORT OF RECORD ROOM FOR THE YEAR 1913, SURGICAL DIVISION—Continued.

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STATE OF LOUISIANA.

Classification and Diagnosis.	Totals.			Cured.			Improved.			Stationary.			Died.		
	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.
EAR, Diseases of—Continued.															
Otitis Media, Chronic Suppurative	4	1	5	1	...	1	2	1	4	...	...	...	...	...	...
EAR, Injuries of—															
Lacerated Wound of Auricle	2	1	3	...	...	...	2	1	3	...	...	...	...	...	...
EYE, Diseases of—															
Accommodation and Refraction.															
Astigmatism	2	1	3	1	...	1	1	1	2	...	...	...	...	...	...
Presbyopia	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Choroid.															
Choroiditis	7	...	7	...	...	...	5	...	5	2	...	2	...	...	...
Uveitis	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...

Conjunctiva.

Conjunctivitis, Acute Catarrhal	4	1	5	2	...	2	2	...	2	...	1	1	...	...	...
Conjunctivitis, Chronic Catarrhal	1	3	4	...	...	1	2	...	2	...	1	1	...	...	...
Conjunctivitis, Acute Gonorrheal	13	4	17	4	2	6	8	2	10	...	...	...	1	...	1
Conjunctivitis, Chronic Gonorrheal	...	1	1	...	...	...	...	...	...	...	1	1	...	...	...
Conjunctivitis, Acute Suppurative	1	...	1	...	...	1	...	...	1	...	...	...	...	...	...
Conjunctivitis, Diphtheritic	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Conjunctivitis, Trachomatous	16	...	16	...	...	13	...	...	13	2	...	2	...	...	...
Pterygium	1	...	1	...	...	1	...	...	1	...	...	...	...	...	...

Cornea and Sclera.

Hyphaemia	...	1	1	...	...	...	1	1	...	...	...	...	...	...	...
Keratitis	7	7	14	1	...	1	4	1	11	2	...	2	...	...	...
Leukoma	1	...	1	...	...	1	1	...	1	...	...	...	...	...	...
Staphyloma	2	1	3	1	...	1	1	1	2	...	...	...	...	...	...
Ulcer of Cornea	8	2	10	1	...	1	7	2	9	...	...	...	...	...	...
Glaucoma, Acute, (One Infant)	2	1	3	...	...	...	...	...	2	1	5	...	...	...	...
Glaucoma, Chronic	5	9	14	1	...	1	2	5	8	1	4	5	...	...	...

Globe.

Panophthalmitis	2	4	7	3	2	5	...	2	2	...	...	...	...	...	...
Phthisis Bulbi	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...

Iris.

Iritis, Simple	1	...	1	...	...	1	...	1	...	...	...	...	...	...	...
Iritis, Syphilitic	6	6	12	...	1	1	6	5	11
Irido-cyclitis	...	2	2	2	2

Lachrymal Apparatus.

Dacro-cystitis	4	1	5	1	1	2	3	...	3
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REPORT OF RECORD ROOM FOR THE YEAR 1913, SURGICAL DIVISION.—Continued.

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STATE OF LOUISIANA.

Classification and Diagnosis.	Totals.			Cured.			Improved.			Stationary.			Died.		
	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.
GENITO-URINARY SYSTEM, Diseases of															
Continued—															
Cystitis, Chronic	5	6	11	1	...	1	...	4	5	...	...	...	...	...	...
Fistula of... Bladder	6	...	9	...	...	...	...	...	...	...	...	...	...	...	...
Neurosis: Incontinence of Urine .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Retention of Urine	8	10	18	...	...	...	...	...	...	...	1	...	...	...	...
Spasm .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Kidney and Ureter.															
Abscess Peri-nephritic	4	...	4	...	...	...	...	...	...	...	...	...	...	...	...
Nephroptosis, (Operated)	10	...	10	...	...	...	...	...	...	...	...	...	...	...	...
Nephrolithiasis, (Operated)	4	...	4	...	...	...	...	...	...	...	...	...	...	...	...
Pyelitis, (see also Medical)	1	1	2	...	...	...	1	1	2	...	...	...	...	...	...
Pyelo-nephritis	2	...	2	...	...	...	1	...	1	1	...	1	...	...	...
Pyo-nephrosis	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Calculus of Ureter	1	...	1	...	...	...	...	...	...	1	...	1	...	...	...
Penis.															
Abscess, (not Peri-urethral)	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...

Adhesions of Glans Penis	2	2	4	2	1	3	...	...	...	...	1	1	...	...	...
Balano posthitis .....	...	1	1	...	...	...	...	...	...	...	1	1	...	...	...
Chancroids, (all, including Ulcers)	50	81	131	12	18	30	29	41	76	8	16	24	1	...	1
Paraphimosis	2	2	4	2	1	3	...	...	...	...	1	1	...	...	...
Phimosis	36	15	51	32	11	43	4	4	8	...	...	...	...	...	...
Papilloma of Penis, (Venereal Warts) ..	1	1	2	...	1	1	1	...	1	...	...	...	...	...	...
Redundant Prepuce, (Majority Children) ..	99	12	112	88	9	97	5	2	8	6	1	7	...	...	...
Prostate Gland.															
Abscess of Prostate	5	1	4	3	...	3	1	1	2	1	...	1	...	...	...
Hypertrophy of Prostate	21	12	44	6	4	10	16	5	21	7	2	9	2	2	4
Prostatitis, Acute	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Prostatitis, Chronic	2	4	6	...	1	1	2	2	4	...	1	1	...	...	...
Scrotum.															
Abscess of Scrotum	1	1	2	...	1	1	1	...	1	...	...	...	...	...	...
Oedema of Scrotum	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Testicle and Epididymis.															
Abscess of Testicle .....	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
Epididymitis, Acute	14	5	19	5	1	6	9	4	12	...	...	...	...	...	...
Epididymitis, Chronic	4	2	6	1	...	1	2	2	4	1	...	1	...	...	...
Spermatocele	1	...	1	...	...	...	...	...	...	1	...	1	...	...	...
Foreign Body in Epidymis	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Orchitis, Acute	2	...	2	...	...	...	2	...	2	...	...	...	...	...	...
Orchitis, Chronic	1	1	2	1	...	1	...	1	1	...	...	...	...	...	...
Orchitis, Traumatic	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Tunica Vaginalis and Cord.															
Hydrocele of Tunica Vaginalis	29	16	45	19	11	30	6	...	6	3	6	8	2	...	2
Hydrocele of Cord	3	...	3	2	...	2	1	...	1

REPORT OF RECORD ROOM FOR THE YEAR 1913, SURGICAL DIVISION—Continued.

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STATE OF LOUISIANA.

Classification and Diagnosis.	Totals.			Cured.			Improved.			Stationary.			Died.		
	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.
GENITO-URINARY SYSTEM, Diseases of Continued—															
Varicocele	16	...	16	10	...	10	5	...	5	1	...	1	...	...	...
Urethra.															
Abscess, Peri-urethral	6	5	11	3	1	4	2	3	5	1	1	2	...	...	...
Extravasation of Urine	1	4	5	...	...	...	...	...	...	...	...	...	1	4	5
Fistula of Urethra	2	3	5	1	...	1	1	2	3	...	1	1	...	...	...
Stricture of Urethra	19	74	93	...	28	28	14	30	44	5	10	15	...	6	6
Urethritis, Acute, (Including Gon.)	21	24	45	2	3	5	19	13	32	...	8	8	...	...	...
Urethritis, Chronic	54	19	73	2	...	2	45	13	58	7	5	12	...	1	1
Functional Disturbances.															
Masturbation (Girl, 12 years old)	1	...	1	1	...	1

GENITO-URINARY SYSTEM, Injuries
of

Bladder.

Rupture of Bladder	2	...	2	1	...	1	1	...	1
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Kidney and Ureter (Both Sexes)

Stab Wound of Kidney	1	1	1	1
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Urethra.

Rupture of Urethra	1	...	1	1	...	1
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Male Genitals.

Contusion of Penis	1	...	1	1	...	1
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Lacerated Wound of Penis	2	2	1	1	1	...	*1
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Contusion of Scrotum	1	...	1	1	...	1
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Lacerated Wound of Scrotum	1	1	...	1	1
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Contusion of Testicle	2	1	3	...	1	1	2	...	2
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Lacerated Wound of Urethra	1	1	...	1	1
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HERNIA.

Femoral Hernia	5	1	6	4	1	5	1	...	1
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Inguinal, Complete, (Some Double)	204	58	262	155	36	191	29	5	34	18	17	35	2	...	2
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Inguinal, Incomplete	3	...	3	1	...	1	2	...	2
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Inguinal, Congenital, (One Double)	4	3	7	4	2	6	...	1	1
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Umbilical	9	5	14	5	1	6	1	...	1	2	3	5	1	1	2
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Ventral, (Some Postoperative)	16	1	17	12	...	12	3	1	4	1	...	1
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Strangulated Inguinal Hernia	9	6	15	5	3	8	...	1	1	4	2	6
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*Pneumonia.

REPORT OF RECORD ROOM FOR THE YEAR 1913, SURGICAL DIVISION—Continued.

Classification and Diagnosis.	Totals.			Cured.			Improved.			Stationary.			Died.		
	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.
HERNIA—Continued.															
Strangulated Umbilical Hernia	1	1	2	1	...	1	...	...	...	...	...	...	...	1	1
Strangulated Ventral Hernia	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
INFECTIVE DISEASES.															
Abscess of Abdominal Muscles	7	3	10	4	...	4	3	2	5	...	1	1	...	...	...
Abscess about Ankle	12	...	12	1	...	1	1	...	1	...	...	...	...	...	...
Abscess of Arm .....	...	...	12	1	...	1	1	...	1	...	...	...	...	...	...
Abscess of Axilla	13	...	13	...	...	...	...	...	...	...	...	...	...	...	...
Abscess of Buttock .....	...	...	12	...	...	...	...	...	...	...	...	...	...	...	...
Abscess near Elbow	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Abscess of Face	13	...	5	...	...	...	...	...	2	...	1	...	...	...	...
Abscess of Finger .....	...	...	12	1	...	1	1	...	1	...	...	...	...	...	...
Abscess of Foot .....	...	...	12	...	...	...	...	...	...	...	...	...	...	...	...
Abscess of Forearm	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Abscess of Groin	4	...	4	...	...	...	...	...	...	...	...	...	...	...	...
Abscess of Hand, (not Palmar)	12	3	6	1	...	1	...	...	5	...	...	...	...	...	...
Abscess of Hand, (Palmar)	1	1	1	...	1

REPORT OF RECORD ROOM FOR THE YEAR 1913, SURGICAL DIVISION—Continued.

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STATE OF LOUISIANA.

Classification and Diagnosis.	Totals.			Cured.			Improved.			Stationary.			Died.		
	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.
INFECTIVE DISEASES—Continued.															
Syphilis: Gumma of Liver .....	...	12	12	...	...	...	...	1	1	...	...	...	...	1	1
Syphilis: Gumma of Testicle	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Various Types, Acquired	212	264	476	1	...	1	165	212	377	40	42	82	6	10	16
Congenital Forms	9	13	22	...	...	...	3	3	6	2	3	5	4	7	11
Tetanus, (many combined with wounds) ..	19	25	44	5	3	8	...	2	2	...	1	1	14	19	33
Tuberculosis, (abscess of soft parts)	3	4	7	...	...	...	1	3	4	1	1	2	1	...	1
Tuberculosis, Bones, Joints and Tendons ..	38	40	78	2	4	6	21	21	42	8	9	17	1	6	7
Tuberculosis of Hip (Special)	24	13	38	...	...	...	17	10	27	6	4	10	1	...	1
Tuberculosis of Intestines	3	1	4	...	...	...	2	...	2	...	...	...	1	1	2
Tuberculosis of Kidney (Operated) .....	...	2	2	...	1	1	...	1	1	...	...	...	...	...	...
Tuberculosis of Lymphatics	18	35	53	9	1	10	8	27	35	1	6	7	...	1	1
Tuberculosis of Mammary Glands	2	1	3	...	...	...	2	1	3	...	...	...	...	...	...
Tuberculosis of Mastoid Region .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Tuberculosis of Peritoneum	1	6	7	...	...	...	1	4	5	...	1	1	...	1	1
Tuberculosis of Prostate	1	...	1	...	...	...	...	...	...	1	...	1	...	...	...
Tuberculosis of Rectum .....	...	1	1	...	...	...	...	...	...	...	1	1	...	...	...
Tuberculosis of Skin	2	2	4	...	...	...	1	2	3	...	...	...	1	...	1
Tuberculosis of Testicle	1	2	3	1	...	1	...	1	1	...	...	...	...	1	2

INJURIES.

Amputation, Traumatic, Arm	1	5	6	...	2	2	1	...	1	...	1	1	...	1	1
Fingers	7	4	11	4	1	5	5	...	6	...	...	...	...	1	1
Foot	...	2	2	...	2	2	...	...	...	...	...	...	...	1	1
Forearm	1	1	2	...	1	1	...	...	...	...	...	...	...	1	1
Hand	1	...	1	1	...	1	...	...	...	...	...	...	...	1	1
Leg (one)	11	7	18	5	2	7	15	...	6	1	...	1	...	...	4
Legs (both)	1	4	5	...	1	1	...	...	...	...	...	...	...	...	4
Thigh	1	1	2	...	...	1	1	...	...	...	...	...	...	...	...
Thumb	1	...	1	...	...	1	1	...	1	...	...	...	...	...	...
Toes	2	2	5	1	...	1	1	...	1	...	1	1	...	...	...
Injuries, Multiple: Railroad	1	2	3	...	...	1	...	...	1	...	...	...	...	...	...
Machinery	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
Fall	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Contusion of Abdomen	14	12	26	6	3	9	7	8	15	...	...	...	...	...	...
Contusion of Arm	...	1	2	...	...	...	1	...	1	1	1	...	...	...	...
Contusion of Back	22	14	36	8	...	15	14	...	21	...	...	...	...	...	...
Contusion of Body	...	...	1	4	...	...	3	1	4	...	...	...	...	...	...
Contusion of Buttock	1	1	2	...	...	...	1	1	1	...	...	...	...	...	...
Contusion of Face	5	2	8	...	...	2	2	6	...	...	...	...	...	...	...
Contusion of Foot	8	2	11	1	...	1	5	...	5	1	...	1	...	...	...
Contusion of Forearm	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Contusion of Groin	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...
Contusion of Jaw	1	2	3	...	...	...	1	...	...	...	...	...	...	...	...
Contusion of Leg	13	19	32	4	...	11	7	10	17	...	...	4	...	...	...
Contusion of Multiple	21	25	46	...	...	8	16	18	34	...	...	...	...	...	...
Contusion of Neck	2	5	7	1	...	3	1	3	4	...	...	...	...	...	...
Contusion of Nose	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Contusion of Pelvis	...	1	1	...	...	...	1	1	1	...	...	...	...	...	...
Contusion of Scalp	2	8	10	1	4	5	1	...	4	...	1	1	...	...	...
Contusion of Side	8	4	12	...	...	5	4	...	6	1	...	1	...	...	...
Contusion of Spine	...	1	1	...	...	...	...	...	...	...	1	1	...	...	...
Contusion of Thigh	6	4	10	...	2	5	...	...	5	...	...	...	...	...	...
Contusion of Thorax	16	12	29	3	4	7	12	...	23

REPORT OF RECORD ROOM FOR THE YEAR 1913, SURGICAL DIVISION.—Continued.

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STATE OF LOUISIANA.

Classification and Diagnosis.	Totals.			Cured.			Improved.			Stationary.			Died.		
	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.
INJURIES—Continued.															
Crush, Injury of Fingers	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..
Crush, Injury of Foot .....	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..
Crush, Injury of Hand .....	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..
Crush, Injury of Leg .....	..	..	6	..	..	..	1	..	1	..	..	..	..	..	..
Crush, Injury of Toes .....	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Hematoma of Buttock	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..
Hematoma of Scalp .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Gunshot Wound of—															
Abdomen, (Penetrating)	9	27	36	1	11	12	1	4	5	..	..	..	7	12	19
Abdomen, (Superficial)	1	3	4	1	3	4	..	..	..	..	..	..	..	..	..
Ankle	4	1	5	..	1	1	3	..	3	1	..	1	..	..	..
Arm	2	17	19	..	9	9	2	6	8	..	1	1	..	1	1
Axilla	1	1	2	1	1	2	..	..	..	..	..	..	..	..	..
Back	5	8	13	1	3	4	3	4	7	..	..	..	1	1	2
Bladder .....	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
Buttock .....	..	5	5	..	..	..	..	4	4	..	..	..	..	1	1
Ear, (Auricle)	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..

REPORT OF RECORD ROOM FOR THE YEAR 1913, SURGICAL DIVISION—Continued.

[illegible]

Stab, or Punctured Wounds

Of Abdomen, (Penetrating)	6	10	16	4	5	9	1	4	5	...	...	...	1	1	2
Of Abdomen, (Superficial) .....	...	2	2	...	2	2	...	...	...	...	...	...	...	...	...
Of Arm	1	3	4	...	1	1	1	2	3	...	...	...	...	...	...
Of Back, (Penetrating)	5	17	22	2	5	7	3	12	15	...	...	...	...	...	...
Of Back, (Superficial)	1	1	2	...	...	...	1	1	2	...	...	...	...	...	...
Of Buttock .....	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
Of Foot	2	3	5	1	2	3	1	1	2	...	...	...	...	...	...
About Knee	1	2	3	...	2	2	1	...	1	...	...	...	...	...	...
Of Leg .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Of Multiple	1	3	4	...	1	1	1	2	3	...	...	...	...	...	...
Of Neck	3	2	5	...	...	...	2	1	3	1	...	1	...	1	1
Of Perineum	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Of Scalp .....	...	2	2	...	1	1	...	1	1	...	...	...	...	...	...
Of Thigh .....	...	2	2	...	1	1	...	...	...	...	...	...	...	1	1
Of Thorax, (Penetrating)	3	13	16	2	4	6	1	2	10	...	...	...	...	...	...
Of Thorax, (Superficial)	2	2	4	1	1	2	1	1	2	...	...	...	...	...	...

Infected Stab, or Punctured Wounds

Of Arm .....	...	2	2	...	1	1	...	...	...	...	...	...	...	1	1
Of Axilla	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Of Foot	5	7	12	3	3	6	2	4	6	...	...	...	...	...	...
Of Fingers	5	3	8	...	1	1	5	1	6	...	...	...	...	1	1
Of Side	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Of Thorax .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...

Lacerated Wound

Of Arm .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Of Back	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Of Buttock .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Of Face	15	9	24	8	3	11	7	6	13	...	...	...	...	...	...
Of Finger	2	3	5	...	1	1	2	2	4

REPORT OF RECORD ROOM FOR THE YEAR 1913, SURGICAL DIVISION—Continued.

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STATE OF LOUISIANA.

Classification and Diagnosis.	Totals.			Cured.			Improved.			Stationary.			Died.		
	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.
INJURIES—Continued.															
Of Foot	6	9	15	11	1	4	3	8	11	...	...	...	...	...	...
Of Forearm	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Of Groin .....	...	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Of Hand	8	8	16	11	11	4	6	6	11	...	...	...	...	...	...
About Knee	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Of Leg	5	3	8	11	1	3	11	11	9	...	...	...	...	...	...
Of Lip	1	3	4	...	1	1	1	1	1	...	...	...	...	...	...
Multiple	1	1	2	...	1	1	1	...	1	...	...	...	...	...	...
Of Neck	11	...	11	1	...	1	1	...	1	...	...	...	...	...	...
Of Nose	11	...	11	1	...	1	1	...	1	1	...	1	...	...	...
Of Scalp	48	44	92	14	18	32	31	14	56	11	2	4	...	...	...
Of Thigh	3	1	4	...	...	...	3	1	4	...	...	...	...	...	...
Of Thumb	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Of Toe .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Lacerated and Infected Wounds.....															
About Ankle	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Of Face	1	2	3	...	2	11	1	...	1	...	...	...	...	...	...

Of Finger	2	...	2	...	...	...	1	...	1	1	...	1	...	...	...
Of Foot	1	6	7	...	...	...	1	4	5	...	1	1	...	1	1
Of Hand	3	1	4	1	...	1	2	1	3	...	...	...	...	...	...
About Knee	1	1	2	...	1	1	1	...	1	...	...	...	...	...	...
Of Leg	2	...	2	1	...	1	1	...	1	...	...	...	...	...	...
Of Scalp	4	5	9	3	3	6	1	1	2	...	1	1	...	...	...
Poisoned Wounds:															
Dog-bite	3	2	5	...	1	1	3	1	4	...	...	...	...	...	...
Human-bite	1	2	3	...	...	...	1	1	2	...	1	1	...	...	...
Rat-bite .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Snake-bite	5	...	5	1	...	1	4	...	4	...	...	...	...	...	...
Spider-bite .....	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
Stingaree wound	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
ISOLATED GLANDS, Diseases of,—															
Mammary Gland.															
Abscess of Mammary Gland	5	3	8	2	...	2	3	3	6	...	...	...	...	...	...
Mastitis, Chronic	1	1	2	...	...	...	1	...	1	...	1	1	...	...	...
Thyroid Gland.															
Goitre, All Forms, (Operated)	15	8	23	6	3	9	8	5	3	...	...	...	1	...	1
JOINTS, Diseases of—															
Ankylosis of Ankle .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Ankylosis of Elbow	2	...	2	...	...	...	2	...	2	...	...	...	...	...	...
Ankylosis of Finger	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Ankylosis of Hip	1	1	2	...	...	...	1	1	2	...	...	...	...	...	...
Ankylosis of Knee	1	2	3	...	...	...	1	1	2	...	1	1	...	...	...
Ankylosis of Jaw	1	1	2	1	1	1	...	1

REPORT OF RECORD ROOM FOR THE YEAR 1913, SURGICAL DIVISION—Continued.

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STATE OF LOUISIANA.

Classification and Diagnosis.	Totals.			Cured.			Improved.			Stationary.			Died.		
	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.
JOINTS, Diseases of—Continued—															
Ankylosis of Vertebrae	1	...	1	...	...	...	...	...	...	1	...	1	...	...	...
Arthritis, Acute, Gonorrhoeal	7	10	17	1	4	5	5	6	11	1	...	1	...	...	...
Arthritis, Chronic, Gonorrhoeal	7	9	16	...	...	...	7	8	15	...	1	1	...	...	...
Arthritis, Acute Rheumatic	5	7	12	...	1	1	5	6	11	...	...	...	...	...	...
Arthritis, Chronic Rheumatic	29	6	35	3	...	3	20	5	25	6	1	7	...	...	...
Arthritis, Chronic Hypertrophic	4	1	5	...	...	...	4	1	5	...	...	...	...	...	...
Arthritis, Chronic Serous	4	3	7	1	...	1	2	3	5	1	...	1	...	...	...
Arthritis, Acute Suppurative	1	2	3	...	...	...	1	1	2	...	...	...	...	1	1
Arthritis, Chronic Suppurative	3	3	6	...	...	...	3	3	6	...	...	...	...	...	...
Synovitis, (4 of Knee; 1 Hip)	3	2	5	1	...	1	2	1	3	...	1	1	...	...	...
(Deformities of Joints.)															
Hallux Valgus	2	...	2	1	...	1	1	...	1	...	...	...	...	...	...
Pes Cavus	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Pes Planus	8	...	8	...	...	...	7	...	7	1	...	1	...	...	...

JOINTS, Injuries of—

Contusion of Ankle	11	7	18	...	2	2	11	4	15	...	1	1	...	...	...
Contusion of Hip	12	10	22	7	2	9	5	6	11	...	2	2	...	...	...
Contusion of Knee	12	13	25	6	7	13	6	5	11	...	1	1	...	...	...
Contusion of Shoulder	5	2	7	1	...	1	2	2	4	2	...	2	...	...	...
Contusion of Wrist	1	1	2	...	...	...	1	1	2	...	...	...	...	...	...
Dislocation of Ankle	3	1	4	1	...	1	2	1	3	...	...	...	...	...	...
Dislocation of Costal Cartilage	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Dislocation of Elbow .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Dislocation of Bones of Foot	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Dislocation of Hip	3	3	6	...	3	3	2	...	2	1	...	1	...	...	...
Dislocation of Jaw	2	1	3	2	...	2	...	...	...	...	1	1	...	...	...
Dislocation of Sacro-Iliac Joint	1	...	1	...	...	...	...	...	...	1	...	1	...	...	...
Dislocation of Shoulder	4	2	6	1	1	2	3	1	4	...	...	...	...	...	...
Dislocation of Vertebrae (Dorsal)	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Rupture of Ligament, (Knee)	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Rupture of Ligament, (Shoulder) .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Rupture of Ligament, (Spine)	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Sprain of Ankle	2	1	3	1	...	1	1	1	2	...	...	...	...	...	...
Sprain of Back	3	1	4	1	...	1	2	1	3	...	...	...	...	...	...
Sprain of Instep	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Sprain of Sacro-Iliac Joint	1	1	2	...	...	...	1	1	2	...	...	...	...	...	...
Incised and Infected Wound, Knee .....	...	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Punctured Wound of Knee	1	1	2	1	...	1	...	1	1	...	...	...	...	...	...
Punctured and Infected Wound of Knee ..	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...

LYMPHATIC SYSTEM, Diseases of—

Bubo	33	22	55	12	8	20	18	13	31	3	1	4	...	...	...
Elephantiasis of Leg	2	...	2	...	...	...	1	...	1	1	...	1	...	...	...
Lymphadenitis, Acute	14	4	18	7	1	8	4	3	7	3	...	3	...	...	...
Lymphadenitis, Chronic	6	16	22	...	5	5	4	7	11	2	4	6	...	...	...
Lymphangitis, Arm	1	...	1	1	...	1

REPORT OF RECORD ROOM FOR THE YEAR 1913, SURGICAL DIVISION—Continued.

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STATE OF LOUISIANA.

Classification and Diagnosis.	Totals.			Cured.			Improved.			Stationary.			Died.		
	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.
MISCELLANEOUS.															
Cast Removed	10	..	10	..	..	..	1	..	1	1	..	1	..	..	..
Cast Renewed .....	..	10	..	..	..	..	..	10	..	..	..	..	..	1	1
Infected Stump .....	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Painful Stump	10	4	14	..	..	..	1	10	11	..	1	1	..	..	..
Unhealed Stump	10	10	20	..	..	..	..	1	..	..	1	1	..	..	..
(Deformities of Soft Parts.)															
Cicatricial Contraction, Arm	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..
Cicatricial Contraction, Abdominal Muscles .....	..	1	1	..	..	..	..	..	..	..	1	1	..	..	..
Cicatricial Contraction, Face	1	..	1	..	..	..	..	..	..	..	1	1	..	..	..
Cicatricial Contraction, Fingers	10	1	11	4	1	5	1	1	2	1	..	1	..	..	..
Cicatricial Contraction, Lower Jaw	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..
Cicatricial Contraction, Leg	1	..	1	..	..	..	..	..	..	1	..	1	..	..	..
Cicatricial Contraction, Neck .....	..	10	10	..	..	..	..	10	10	..	..	..	..	..	..
(Effects of Electricity.)															
Electric Burns	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..

Electric Shock	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Lightning Stroke	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
(Effects of Heat and Cold.)															
Burn of Back	5	2	7	4	1	5	1	1	2	...	...	...	...	...	...
Burn of Arm, (see including hand)	2	2	4	1	...	1	1	1	2	...	1	1	...	...	...
Burn of Body, (Trunk)	2	3	5	2	...	2	...	...	...	...	...	...	3	3	3
Burn of Body and Upper Extremities	13	4	17	4	1	5	7	2	9	...	...	...	3	1	3
Burn of Body and Lower Extremities	3	5	8	...	...	...	1	2	3	1	...	1	1	3	4
Burn of Body and Extremities	3	...	3	1	...	1	...	...	...	...	...	2	...	2	2
Burn of Buttock	2	...	2	1	...	1	1	...	1	...	...	...	...	...	...
Burn of Eyelids .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Burn of Face	11	6	17	4	3	7	7	3	10	...	...	...	...	...	...
Burn of Face and Upper Extremities	10	4	14	4	2	6	3	2	5	3	...	3	...	...	...
Burn of Face and Lower Extremities .....	...	1	1	...	...	...	...	...	...	...	...	...	1	1	...
Burn of Foot	4	3	7	1	3	4	3	...	3	...	...	...	...	...	...
Burn of Forearm	1	1	2	1	...	1	...	...	...	...	...	...	1	1	...
Burn of Hand	2	2	4	...	...	...	2	1	3	...	...	...	1	1	...
Burn of Leg	1	4	5	...	...	...	...	1	1	...	...	...	1	3	4
Burn of Legs and Upper Extremities .....	...	3	3	...	1	1	...	1	1	...	1	1	...	...	...
Burn, Multiple	10	7	17	...	...	...	...	...	...	...	...	...	10	7	17
Burn of Penis .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Burn of Shoulder .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Burn of Thigh	3	5	8	1	1	2	2	4	6	...	...	...	...	...	...
Burn of Thorax	1	...	1	...	...	...	...	...	...	...	...	...	1	...	1
Powder Burns	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Friction Burns	2	2	4	1	2	3	1	...	1	...	...	...	...	...	...
Corrosive Burn, (Ammonia)	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Corrosive Burn, (Carbolic Acid)	3	1	4	2	...	2	1	1	2	...	...	...	...	...	...
Corrosive Burn, (Caustic Potash)	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Corrosive Burn, (Oil of Turpentine) .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Corrosive Burn, (Zinc Chloride) .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Foreign Body in Arm, (Bullet) .....	...	1	1	...	...	...	...	...	...	...	1	1	...	...	...
Foreign Body in Back, (Bullet)	1	1	1	1

REPORT OF RECORD ROOM FOR THE YEAR 1913, SURGICAL DIVISION—Continued.

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STATE OF LOUISIANA.

Classification and Diagnosis.	Totals.			Cured.			Improved.			Stationary.			Died.		
	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.
MISCELLANEOUS—Continued.															
Foreign Body in Buttock, (Splinter)	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Foreign Body in Foot, (Various)	7	23	30	4	...	4	2	22	24	...	1	1	...	...	...
Foreign Body in Forehead (?) .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Foreign Body in Hand; (Needle, etc.)	12	1	13	12	...	12	...	1	1	...	...	...	...	...	...
Foreign Body in Knee, (Needle)	1	1	2	...	1	1	1	...	1	...	...	...	...	...	...
Foreign Body in Leg, (Needle) .....	...	1	1	...	...	...	...	...	...	...	1	1	...	...	...
Gout, Surgically Treated	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Post-operative Hemorrhage	12	...	12	12	...	12	...	...	...	...	...	...	...	...	...
Post-operative Sinus, (Various)	12	5	17	5	12	17	5	1	6	12	2	4	...	...	...
Umbilical Hemorrhage (Infant) .....	...	1	1	...	...	...	...	...	...	...	...	...	...	1	1
MUSCULAR SYSTEM, Diseases of—															
Atrophy, Muscles of Legs	2	...	2	...	...	...	1	...	1	1	...	1	...	...	...
Contracture, Muscles of Ankle	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Contracture, Sterno-Cleido-Mastoid	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Contracture, Muscles of Foot	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...

Contracture, Muscles of Thigh	2	...	2	...	...	...	2	...	2	...	...	...	...	...
Myalgia	11	8	19	4	3	7	6	5	11	1	...	1	...	...
Myositis, Acute .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...
Torticollis	3	...	3	1	...	1	2	...	2	...	...	...	...	...
Tendons and Sheaths.														
Clubfoot: Talipes Equinus	1	1	2	...	...	...	1	1	2	...	...	...	...	...
Talipes Equino-varus	9	2	11	1	...	1	6	2	8	2	...	2	...	...
Talipes Equino-valgus	1	1	2	...	1	1	1	...	1	...	...	...	...	...
Ganglion of Wrist	1	...	1	...	...	...	1	...	1	...	...	...	...	...
Hammer-Toe	1	...	1	...	...	...	1	...	1	...	...	...	...	...
MUSCULAR SYSTEM, Injuries of—														
Rupture of Muscle, (Leg)	1	...	1	...	...	...	1	...	1	...	...	...	...	...
Rupture of Muscle, (Abdominal)	2	...	2	1	...	1	1	...	1	...	...	...	...	...
NERVOUS SYSTEM, Diseases of—														
(Treated Surgically.)														
Epilepsy, Traumatic	6	1	7	...	...	...	4	...	4	2	1	3	...	...
Epilepsy, Traumatic, Jacksonian .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...
Neuralgia, Trifacial	3	...	3	...	...	...	3	...	3	...	...	...	...	...
Neuralgia, Sciatic	3	...	3	2	...	2	1	...	1	...	...	...	...	...
NERVOUS SYSTEM, Injuries of—														
Intra-cranial Injury, (Concussion)	34	23	57	12	7	19	16	14	30	3	1	4	3	1
Intra-cranial Injury, (Compression)	1	...	1	...	...	...	...	...	...	1	...	1	...	...
Intra-spinal Injury	2	...	2	...	...	...	...	...	...	1	...	1	1	1
Paralysis, Traumatic, (Arm)	2	1	3	...	...	...	2	...	2	...	1	1	...	...
Paralysis, Traumatic, (Brachial Plexus)...	1	1	2	1	1	1	...	1

REPORT OF RECORD ROOM FOR THE YEAR 1913, SURGICAL DIVISION.—Continued.

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STATE OF LOUISIANA.

Classification and Diagnosis.	Totals.			Cured.			Improved.			Stationary.			Died.		
	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.
NERVOUS SYSTEM, Injuries of—Continued.															
Paralysis, Post-operative, (Flexors, Foot)	1	...	1	...	...	...	...	...	...	1	...	1	...	...	...
RESPIRATORY SYSTEM, Surgical Conditions—															
Frontal Sinusitis, Catarrhal	8	1	9	3	1	4	5	...	5	...	...	...	...	...	...
Frontal Sinusitis, Suppurative	2	...	2	1	...	1	...	...	...	1	...	1	...	...	...
Ethmoiditis, Suppurative	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Foreign Body in Larynx	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
Abscess of Lung	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Empyema of Maxillary Sinus	3	1	4	1	...	1	1	1	2	1	...	1	...	...	...
Nasal Septum, Deviation of	6	2	8	4	1	5	2	1	3	...	...	...	...	...	...
Epistaxis	5	3	8	...	2	2	5	1	6	...	...	...	...	...	...
Pleurisy, Suppurative	14	5	19	3	...	3	10	1	11	...	1	1	1	3	4
Pyo-thorax, (Passive)	4	...	4	1	...	1	2	...	2	...	...	...	1	...	1

RESPIRATORY SYSTEM, Injuries of—

Incised Wound of Trachea	1	1	...	1	1	...	...	...	...	...	...	...	...	...
Stab Wound of Trachea	1	1	...	...	...	...	1	1	...	...	...	...	...	...

SKIN, HAIR AND NAILS.

Acne Simplex	1	...	1	...	...	...	...	...	1	...	1	...	...	...
Callosity	1	...	1	...	...	1	...	1	...	...	...	...	...	...
Chilblains .....	...	1	1	...	1	1	...	...	...	...	...	...	...	...
Dermatitis Herpetiformis	3	...	3	...	...	3	...	3	...	...	...	...	...	...
Dermatitis Medicamentosa	2	...	2	2	...	2	...	...	...	...	...	...	...	...
Dermatitis Pustulata	1	...	1	...	...	1	...	1	...	...	...	...	...	...
Dermatitis Venenata	1	1	2	...	...	1	1	2	...	...	...	...	...	...
Eczema, (Various)	21	2	23	4	2	6	15	...	15	2	...	2	...	...
Erythema, Multiple	2	1	3	...	1	1	2	...	2	...	...	...	...	...
Erythema, Simplex	2	...	2	...	...	...	...	...	2	...	2	...	...	...
Pompholyx	7	...	7	5	...	5	2	...	2	...	...	...	...	...
Impetigo Contagiosa	13	3	16	6	2	8	6	1	7	1	...	1	...	...
Impetigo Simplex .....	...	1	1	...	...	...	...	...	...	1	1	...	...	...
Lichen Tropicus	1	...	1	...	...	...	1	...	1	...	...	...	...	...

Parasitic.

Pediculosis Corporis	3	...	3	2	...	2	1	...	1	...	...	...	...	...
Scabies	27	2	29	17	1	18	9	1	10	1	...	1	...	...
Tinea Versicolor	1	...	1	...	...	...	1	...	1	...	...	...	...	...
Trichophytosis Capitis	7	...	7	3	...	3	4	...	4	...	...	...	...	...
Trichophytosis Corporis .....	...	2	2	...	...	...	...	2	2	...	...	...	...	...
Pemphigus, (Infants)	1	1	2	...	...	...	...	...	...	1	1	1	...	1
Psoriasis	3	...	3	1	...	1	2	...	2	...	...	...	...	...
Seborrhoea	1	2	3	...	1	1	1	1	2	...	...	...	...	...
Sycosis	1	...	1	...	...	...	1	...	1	...	...	...	...	...
Trophic Ulcer, (1 Foot, 1 Back) .....	...	2	2	...	...	...	...	1	1	...	...	...	1	1
Ulcer, Ordinary, Arm	2	1	3	...	...	...	2	1	3	...	...	...	...	...

Adeno-fibroma of Mammary Gland	4	4	8	3	1	4	1	3	4	...	...	...	...	...	...
Condylomata, (Specific)	1	1	2	...	...	...	1	1	2	...	...	...	...	...	...
Cystoma of Abdomen, (Extra-peritoneal) ..	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Cystoma of Forearm	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Cystoma of Jaw	1	2	3	...	2	2	...	...	1	...	1	...	...	...	...
Cystoma of Thyro-glossal Duct	1	1	2	...	1	1	...	...	1	...	1	...	...	...	...
Cystoma of Thyroid .....	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
Fibroma of Abdominal Fascia	1	1	2	1	...	1	...	...	...	1	1	...	...	...	...
Fibroma, (Keloid), 1 of Face, 2 of Ear ..	1	2	3	...	1	1	...	1	1	...	1	1	...	...	...
Fibroma, (Keloid), of Groin	1	...	1	...	...	1	...	1	1	...	...	...	...	...	...
Fibroma, (Keloid), about Knee .....	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
Fibroma, (Keloid), of Neck .....	...	2	2	...	1	1	...	...	...	1	1	...	...	...	...
Fibroma, (Keloid), of Penis .....	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
Fibroma, (Keloid), of Thigh .....	...	2	2	...	2	2	...	...	...	...	...	...	...	...	...
Glioma, 1 of Brain, 3 of Eye	2	2	4	...	...	1	...	1	1	1	2	3	...	...	...
Lipoma of Abdominal Wall .....	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
Lipoma of Back	1	1	2	1	1	2	...	...	...	...	...	...	...	...	...
Lipoma of Hand .....	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
Lipoma near Knee	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Lipoma of Leg	1	2	3	1	...	1	...	1	1	...	...	1	1	...	...
Lipoma of Neck .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Lipoma of Shoulder	1	3	4	1	2	3	...	...	...	1	1	...	...	...	...
Lipoma of Thigh .....	...	2	2	...	2	2	...	...	...	...	...	...	...	...	...
Lipoma of Thorax	1	...	1	...	...	1	...	1	1	...	...	...	...	...	...
Myxoma, Nasal Polypus	4	...	4	3	...	3	1	...	1	...	...	...	...	...	...
Myxoma, Polypus of Ear	2	...	2	1	...	1	1	...	1	...	...	...	...	...	...
Myxoma, Polypus of Rectum	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Papilloma of Larynx	1	...	1	...	...	1	...	1	1	...	...	...	...	...	...
Papilloma of Lip	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Papilloma of Rectum .....	...	1	1	...	...	...	1	1	1	...	...	...	...	...	...
Retention Cyst, Sebaceous, (Face)	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Retention Cyst, Sebaceous, (Knee)	1	...	1	...	...	1	...	1	1	...	...	...	...	...	...
Retention Cyst, Sebaceous, (Leg) .....	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...

*Tuberculosis.

REPORT OF RECORD ROOM FOR THE YEAR 1913, SURGICAL DIVISION—Continued.

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STATE OF LOUISIANA.

Classification and Diagnosis.	Totals.			Cured.			Improved.			Stationary.			Died.		
	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.
TUMORS—Continued.															
Retention Cyst, Sebaceous, (Neck).....	2	1	3	2	1	3	...	...	...	...	...	...	...	...	...
Retention Cyst, Sebaceous, (Scalp)	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Teratoma, Branchial Cyst .....	...	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Teratoma, Dermoid, of Rectum	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
TUMORS. Malignant—															
Carcinoma of Antrum .....	...	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Carcinoma of Axilla	1	1	2	...	...	...	1	1	2	...	...	...	...	...	...
Carcinoma of Bladder	1	2	3	...	...	...	...	...	...	1	1	2	...	1	1
Carcinoma of Duodenum	1	...	1	...	...	...	...	...	...	...	...	...	1	...	1
Carcinoma of Face	11	1	12	2	...	2	5	1	6	2	...	2	2	...	2
Carcinoma of Groin	1	...	1	...	...	...	...	...	...	...	...	...	1	...	1
Carcinoma of Hand, (1 of Thumb)	1	1	2	...	...	...	1	1	2	...	...	...	...	...	...
Carcinoma of Intestines	2	1	3	...	...	...	1	...	1	...	...	...	1	1	2
Carcinoma of Jaw	6	1	7	1	...	1	1	...	1	2	1	3	2	...	2
Carcinoma of Larynx	2	1	3	...	...	...	...	...	...	1	...	1	1	1	2
Carcinoma of Leg	1	...	1	...	...	...	...	...	...	...	...	...	1	...	1
Carcinoma of Lip	2	...	2	...	...	...	1	...	1	...	...	...	1	...	1

Carcinoma of Liver	1	1	...	...	...	...	...	...	...	...	...	...	...	1	1
Carcinoma of Mammary Gland	14	19	33	2	7	9	4	9	13	5	2	7	3	1	4
Carcinoma of Mouth	2	1	3	...	...	...	...	...	...	2	...	2	...	1	1
Carcinoma, Multiple, (Metastatic)	1	...	1	...	...	...	...	...	...	...	...	1	...	1	1
Carcinoma of Neck	3	...	3	...	...	...	...	...	...	1	...	1	2	...	2
Carcinoma of Nose	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Carcinoma of Pancreas	1	...	1	...	...	...	...	...	...	...	...	...	1	...	1
Carcinoma of Pharynx .....	...	1	1	...	...	...	...	...	...	...	1	1	...	...	...
Carcinoma of Penis .....	...	2	2	...	...	...	...	1	1	...	...	...	...	1	1
Carcinoma of Prostate	2	...	2	...	...	...	...	...	...	2	...	2	...	...	...
Carcinoma of Rectum	8	9	17	...	...	...	1	2	3	6	6	12	1	1	2
Carcinoma of Scalp	2	...	2	...	...	...	1	...	1	...	...	...	1	...	1
Carcinoma of Stomach	10	5	15	...	...	...	4	2	6	1	3	4	5	...	5
Carcinoma of Thoracic Wall	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Carcinoma of Toe (Great)	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Carcinoma of Tongue	1	1	2	...	...	...	1	...	1	...	...	...	...	1	1

Epitheliomas, (Separately Diagnosed)

Of Axilla	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Of Ear	1	...	1	...	...	...	...	...	1	...	1	...	...	...	...
Of Eyeball	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Of Eyelid	2	...	2	...	...	...	2	...	2	...	...	...	...	...	...
Of Face	11	...	11	1	...	1	4	...	4	5	...	5	1	...	1
Of Hand	3	1	4	1	...	1	2	...	2	...	1	1	...	...	...
Of Hip, (died from shock)	1	...	1	...	...	...	...	...	...	...	...	...	1	...	1
Of Jaw	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Of Lip	3	...	3	1	...	1	1	...	1	1	...	1	...	...	...
Of Neck	2	...	2	...	...	...	1	...	1	...	...	...	1	...	1
Of Nose	4	...	4	...	...	...	2	...	2	2	...	2	...	...	...
Of Penis	1	...	1	...	...	...	...	...	...	...	...	...	1	...	1
Of Scalp	1	1	2	1	...	1	...	1	1

REPORT OF RECORD ROOM FOR THE YEAR 1913, SURGICAL DIVISION—Continued.

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STATE OF LOUISIANA.

Classification and Diagnosis.	Totals.			Cured.			Improved.			Stationary.			Died.		
	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.
TUMORS—Continued.															
Sarcoma															
Of Antrum	1	...	1	...	...	...	1	...	1	1	...	1	...	...	...
Of Axilla	1	...	1	...	...	...	...	...	...	...	...	...	1	...	1
Of Face	1	1	2	...	...	...	...	...	...	1	...	1	...	1	1
Of Foot	...	1	1	...	...	...	...	...	...	...	1	1	...	...	...
Of Hand	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Of Intestines	...	2	2	...	...	...	...	...	...	...	1	1	...	1	1
Of Knee	...	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Of Kidney	1	1	2	...	...	...	...	...	...	...	...	...	1	1	2
Of Leg	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Of Maxilla Inferior	1	5	6	1	...	1	...	1	1	...	2	2	...	2	2
Of Maxilla Superior	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Of Mesenteric Glands	...	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Multiple	1	...	1	...	...	...	...	...	...	...	...	...	1	...	1
Of Neck	3	1	4	...	...	...	1	...	1	2	1	3	...	...	...
Of Nose	5	...	5	...	...	...	1	...	1	4	...	4	...	...	...
Of Parotid Gland	1	...	1	...	...	...	...	...	...	...	...	...	1	...	1
Of Pelvis, (2 Ilium; 1 Pubis)	4	...	4	...	...	...	...	...	...	2	...	2	2	...	2

Of Rib	1	...	1	...	...	...	...	...	1	...	1	...	...	...
Of Sacrum .....	...	1	1	...	...	...	...	...	...	...	...	...	1	1
Of Scalp	1	...	1	...	...	...	...	...	1	...	1	...	...	...
Of Testicle	1	1	2	...	...	...	1	1	1	...	1	...	...	...
Of Thigh .....	...	4	4	...	...	...	...	...	...	3	3	...	1	1
Of Thoracic Wall	1	...	1	...	...	...	...	...	1	...	1	...	...	...

REPORT OF RECORD ROOM FOR THE YEAR 1913, GYNECOLOGICAL DIVISION.

156

STATE OF LOUISIANA.

Classification and Diagnosis.	Totals.			Cured.			Improved.			Stationary.			Died.		
	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.
Bladder.															
Female Bladder, Atony of	2	...	2	1	...	1	1	...	1	...	...	...	...	...	...
Cystitis, Acute	2	5	12	1	2	3	4	2	6	2	1	3	...	...	...
Cystitis, Chronic	5	5	10	1	...	1	2	4	3	1	1	2	...	...	...
Foreign Body (Hairpin) in Bladder	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Neuroses; Incontinence of Urine	1	...	1	...	...	...	...	...	...	1	...	1	...	...	...
Neuralgia of Bladder	1	...	1	...	...	...	...	...	...	1	...	1	...	...	...
Ligaments, Tubes and Ovaries.															
Cellulitis, Pelvic	2	...	2	2	...	2	...	...	...	...	...	...	...	...	...
Abscess, Pelvic	6	12	18	2	6	8	3	4	7	...	1	1	1	1	2
Ovaritis, Acute	1	2	3	...	1	1	...	1	1	1	...	1	...	...	...
Ovaritis, Chronic, (Mostly Cystic)	14	7	21	13	4	17	...	1	1	...	2	2	1	...	1
Post-operative Adhesions	16	5	21	2	...	2	...	4	11	7	1	8	...	...	...
Salpingitis, Acute	19	53	72	3	9	12	14	37	51	2	7	9	...	...	...
Salpingitis, Chronic	98	178	276	40	64	104	44	92	136	13	20	33	1	2	3
Hematosalpinx, (Died; Embolism Pulm.) .....	...	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Hydrosalpinx	6	5	11	3	4	7	3	1	4	...	...	...	...	...	...
Laceration of Pelvic Floor, Old	72	15	87	51	10	61	10	...	10	10	5	15	1	...	1

Relaxation of Pelvic Floor	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...
Disorders of Menstruation.																	
Amenorrhoea	1	...	1	...	...	...	...	...	1	...	1	...	...	...	...	...	...
Dysmenorrhoea	8	2	10	3	...	3	5	1	6	...	1	1	...	...	...	...	...
Menorrhagia	4	1	5	...	...	...	2	...	2	2	1	3	...	...	...	...	...
Metrorrhagia	2	...	2	1	...	1	1	...	1	...	...	...	...	...	...	...	...
Menopause	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...
Urethra.																	
Urethritis, Acute, (1 Simple; 1 Gonorr.)...	1	1	2	...	1	1	1	...	1	...	...	...	...	...	...	...	...
UTERUS, Diseases of—																	
Cervical Catarrh	3	2	5	...	...	...	2	...	2	1	2	3	...	...	...	...	...
Cervical Stenosis	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...
Endocervicitis	8	1	9	3	1	4	2	...	2	3	...	3	...	...	...	...	...
Erosion of Cervix .....	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...
Displacement: Anterior	6	4	10	...	...	...	4	2	6	2	2	4	...	...	...	...	...
Posterior	55	30	85	34	14	48	12	6	18	9	10	19	...	...	...	...	...
Prolapse, Complete	15	3	18	9	3	12	...	...	...	6	...	6	...	...	...	...	...
Prolapse, Partial .....	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...
Endometritis, Acute	5	...	5	5	...	5	...	...	...	...	...	...	...	...	...	...	...
Endometritis, Chronic	82	21	103	39	11	50	34	9	43	9	1	10	...	...	...	...	...
Hypertrophy of Cervix	2	1	3	...	1	1	1	...	1	1	...	1	...	...	...	...	...
Hyperinvolution of Uterus	1	...	1	...	...	...	...	...	...	1	...	1	...	...	...	...	...
Subinvolution of Uterus	4	3	7	...	...	...	4	3	7	...	...	...	...	...	...	...	...
Laceration of Cervix Uteri, Old	55	16	71	39	12	51	5	...	5	11	4	15	...	...	...	...	...
Metritis, Chronic	6	1	7	4	1	5	1	...	1	1	...	1	...	...	...	...	...
VAGINA, Diseases of—																	
Fistula, Recto-vaginal .....	...	4	4	...	1	1	...	1	1	...	1	1	...	1	1	...	1

REPORT OF RECORD ROOM FOR THE YEAR 1913, GYNECOLOGICAL DIVISION—Continued.

158

STATE OF LOUISIANA.

Classification and Diagnosis.	Totals			Cured.			Improved.			Stationary.			Died.		
	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.
VAGINA, Diseases of—Continued.															
Fistula, Vesico-vaginal	6	4	10	1	1	2	3	1	4	2	2	4	...	...	...
Cystocele	12	1	13	9	...	9	1	1	2	2	...	2	...	...	...
Prolapse of Vagina	2	...	2	1	...	1	...	...	...	1	...	1	...	...	...
Rectocele	2	...	2	2	...	2	...	...	...	...	...	...	...	...	...
Ulcer of Vaginal Wall .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Vaginitis, Acute, (Mostly Gonorrheal)...	33	11	44	3	1	4	27	9	36	3	1	4	...	...	...
Vaginitis, Chronic	11	3	14	1	...	1	10	1	11	...	2	2	...	...	...
VULVA, Diseases of—															
Abscess of Vulva .....	...	9	9	...	2	2	...	7	7	...	...	...	...	...	...
Elephantiasis of Vulva .....	...	2	2	...	...	...	...	2	2	...	...	...	...	...	...
Chancroid of Vulva .....	...	45	45	...	5	5	...	34	34	...	4	4	...	2	2
Pruritus Vulvae	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Vulvitis, Acute	4	...	4	...	...	...	4	...	4	...	...	...	...	...	...
Injuries of Female Genitals.															
Lacerated Wound of Vagina .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...

REPORT OF RECORD ROOM FOR THE YEAR 1913, OBSTETRICAL DIVISION.

[illegible]

Parturition, Multiple, Twins	2	3	5	2	3	5	...	...	...	...	...	...	...	...	...
Parturition, Abnormal, M. L. A. ....	...	2	2	...	2	2	...	...	...	...	...	...	...	...	...
Parturition, Abnormal, Sc. D. A.	2	...	2	1	...	1	...	...	...	...	...	1	...	1	...
Parturition, Foot Presentation	2	2	4	2	2	4	...	...	...	...	...	...	...	...	...
Parturition, Transverse Presentation	2	2	4	2	2	4	...	...	...	...	...	...	...	...	...
Parturition, Eclampsia	1	9	10	1	3	4	...	...	...	...	...	...	6	*6	...
Parturition, Placenta Previa	1	1	2	...	...	...	...	...	...	...	...	1	1	2	...
Parturition, Rupture of Uterus	1	...	1	...	...	...	...	...	...	...	...	1	...	1	...
Puerperium, Normal, (from outside)	6	11	17	5	11	16	1	...	1	...	...	...	...	...	...
Puerperium, Post partum Hemorrhage..	4	...	4	1	...	1	...	...	...	...	...	3	...	3	...
Puerperium, Retained Placenta	10	6	16	9	3	12	1	2	3	...	...	...	1	1	...
Puerperium, Retained Placental Debris..	6	3	9	3	3	6	3	...	3	...	...	...	...	...	...
Puerperium, Septicaemia, (12 from out- side)	8	7	15	6	1	7	1	2	3	...	...	...	1	4	5
NEW BORN INFANTS.															
Males	96	107	203	96	107	203	...	...	...	...	...	...	...	...	...
Females	99	139	238	99	139	238	...	...	...	...	...	...	...	...	...
Still born Males.	10	26	36	...	...	...	...	...	8	25	33	2	1	†3	...
Still-born Females	9	20	29	...	...	...	...	...	9	19	28	...	1	†1	...
Prematurity, Males, (2 from outside)..	5	7	12	...	...	...	...	...	...	...	...	5	7	12	...
Prematurity, Females, (6 from outside).	6	11	17	1	...	1	...	...	...	...	...	5	11	16	...
NOT BORN INHOSPITAL.															
Detained with Mothers, and Guests	12	8	20	...	...	...	...	...	12	8	20	...	...	...	...
Foundling	1	...	1	...	...	...	...	...	1	...	1	...	...	...	...

†Noted as deaths because autopsies were held.

*1—Pneumonia; 1—Acute Nephritis.

RECAPITULATION FOR THE YEAR 1913.

	Totals.	Cured.	Improved.	Stationary.	Died.
Cases filed, Medical	5,477	1,371	1,833	1,099	1,174
Cases filed, Surgical	6,701	2,457	3,076	697	471
Cases filed, Gynecological	1,367	617	463	230	57
Cases filed, Obstetrical	1,325	1,043	42	176	64
Grand Totals	14,870	5,488	5,414	2,202	1,766

Duplicate Histories. Infants born alive, at or near term, are technically "Cured." Of those thus recorded in the Obstetrical Division as Cured in 1913, eight subsequently died of intercurrent illness and were filed as Deaths in other Divisions.

Causes of death were:

Atelectasis Pulmonum	4
Pneumonia Broncho	1
Syphilis Congenital	1
Umbilical Hemorrhage	1
Intestinal Hemorrhage	1
Total	8

TABLE SHOWING PERCENTAGE OF DEATHS FROM CERTAIN PRACTICALLY INCURABLE CAUSES AND CONDITIONS DURING THE YEAR 1913.

MONTH 1913.	Total Deaths from all Causes.	From Tuberculosis.			From Organic Heart Disease.			From Bright's Dis- ease.			From Poisons, Accidents and Violence.			Practically Incurable.	
		White.	Colored.	Totals.	White.	Colored.	Totals.	White.	Colored.	Totals.	White.	Colored.	Totals.	Totals.	Per Cent
January	151	9	20	29	5	15	20	17	13	30	4	7	11	90	66.88
February	162	14	16	30	5	8	13	12	12	24	9	10	19	86	54.32
March	149	10	9	19	4	8	12	8	9	17	7	15	22	70	47.65
April	146	9	16	25	4	14	18	8	10	18	5	15	20	81	55.47
May	136	4	13	17	9	10	19	7	12	19	8	5	13	68	50.00
June	143	8	13	21	2	9	11	11	9	20	15	7	22	74	51.76
July	139	10	12	22	2	11	13	7	5	12	6	7	13	60	43.88
August	144	9	17	26	11	11	22	6	3	9	7	9	16	73	50.69
September	129	7	8	15	2	7	9	9	7	16	9	7	16	56	43.4
October	146	7	4	11	3	9	12	9	6	15	9	10	19	57	45.88
November	167	8	13	21	3	6	9	9	12	21	11	11	22	73	43.71
December	154	10	13	23	4	7	11	6	8	14	6	9	15	62	40.9
Grand Totals	1786			259			169			215			208	851	48.19

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St. Mary's, N. Orleans
With sentiments of highest esteem
Joseph Holt.

THE CHARITY HOSPITAL

.. AND ..

THE ALUMNI.

INAUGURAL ADDRESS

DELIVERED BEFORE

THE CHARITY HOSPITAL OF LOUISIANA
ALUMNI ASSOCIATION.

BY

DR. JOSEPH HOLT,
PRESIDENT.

NEW ORLEANS, APRIL 16TH, 1895.

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enlarging, upbuilding and sustaining of the efficiency, upon the developing and utilizing of the whole working capacity of the Charity Hospital of Louisiana, pushing its standard up to date.

Whatever helps the Charity Hospital helps the people; not only of Louisiana, but of humanity at large. It is to aid that institution in the doing of a great missionary work at home, here at our own doors, as well, also, as in the sending out of trained physicians and nurses to minister to the suffering and needy abroad.

Projected upon the plane of a universal philanthropy, sincerely desiring the expansion of the science of medicine for the mitigation of human misery, the Alumni Association traces its origin to the creative causes of its progenitor, conscious of its own being as evolved from the spiritual nature which pervades the Charity Hospital as a living soul.

Having declared its origin and generalized its objects as a broad, working hypothesis, how may this association specialize its purposes in formulated lines of action, applicable in practice? First, by a comprehensive recognition of the entire scope of the functions which normally belong to the Charity Hospital.

That institution is not, as its name would seem to imply, merely a refuge for the sick. It is all of that and more; for disease and death there render tribute to science, to be returned in the mitigation of disease and the warding off of death. It carries within its complex organization the whole round of perpetuation. Its gigantic power of merciful ministration is coexistent with the evolution of the intellectual energy and trained skill necessary to accomplish the work.

It is, indeed, the great Charity Hospital. Why? Because it co-ordinates a grand philanthropy with medical education in reciprocal perpetuity, balancing waste with repair. It is like that regenerating centre—the sun—which renews its refulgency through the conservation of force, regathering in time its own expanded power, interchanging with the stars, to shine on through eternity, and not, as some would poorly have it, blazing in continual loss, cooling and narrowing by

self-contraction—prologue to the tragedy of self-extinction in the ashes of a failure. Or, like the sea, in compensatory cycle watering the land and replenished by the waters from the land, the more copiously expending, the more generously refilled; the Charity Hospital energizes and replenishes the science of medicine, to be itself energized and replenished by the science of medicine.

To deny the inseparable relation of these two mutually creating, interdependent and self-adjusting functions of the Charity Hospital—the humane and educational—is merely to acknowledge an ignorance of the life and internal economy of that institution and of the origin and outgrowth from it of medical education in Louisiana. The first five courses of lectures of what is now the medical department of Tulane University, beginning in January, 1835, as the Medical College of Louisiana, were delivered at the Charity Hospital. The history of the New Orleans School of Medicine, which began in 1856 and continued to 1869, constitutes another important chapter in the record of its educational function. The New Orleans Polyclinic, established in 1887, and now flourishing, is the latest chapter in the volume of its educational work.

The second step toward the specialization of our interest and effort in behalf of our Alma Mater is to know precisely the organic construction, the operative methods and developmental needs in the humane and in the educational elements of its dual nature, separately and correlatively. By such classification we are enabled to define the field with systematic accuracy.

Studying the gross anatomy, the organic functions and developmental requirements of the first or humane division, we note matters of great importance appertaining to buildings, their remodeling and repair, the extension by purchase of adjoining property and erection of buildings, the establishment of new departments and the liberal furnishing of others—conspicuously the infectious diseases and pathological departments with ample provision for bacteriological work, if need be, in a department of its own—the machinery and apparatus in the several branches of hospital work, their modification or

replacement with improvements to date, particularly in applied electricity; the hygienic management and needed sanitary innovations; male and female training schools for nurses, and the early abolition of the economical but antiquated methods of nursing without trained nurses; also, the ancient manner of feeding and the needed introduction of dietary lists subject to the judgment of the physician.

In regard to the second, or educational element, what with the manner of selection and the discipline of resident students, externes of the out-door department, the training schools for nurses, the opportunities freely opened to the classes of the medical department of Tulane University, and the Post-Graduate School, and the freedom of access of visiting physicians and surgeons in all of the branches of general practice and the specialties, there remains small room for improvement so far as this association might suggest.

Inasmuch as this statement particularly involves the Board of Administrators and the House Staff, we may proudly cite the present administration, in point of integrity of purpose, in soundness of judgment, in the clear conception of duty, in courtesy, and the abundant display of a true progressive spirit, we may safely accept this administration as a standard of official rectitude and executive ability.

By the grace of God and a combination of fortuitous circumstances we find it so; but there is no guaranty for the future. It is simply an extraordinary exception to a rule.

Any institution of influence, handling patronage and large money, is immediately in the line of degeneracy and wretched incompetency when exposed to the ravaging practices of politics. This rule has been so uniformly demonstrated that we have been hoodwinked and insidiously lulled into the expecting of crime as a pardonable venality, where there should be the greatest show of civic virtue.

The Charity Hospital and the State Board of Health are institutions so closely involving the life and health, the industrial and commercial livelihood of the whole people; their purposes are so entirely and unselfishly devoted to the public welfare; the former is so historically endeared, and both are

so dependent upon the qualifications of temperance, the high moral character and special training of their officers, as should exalt them above the jugglery of place-hunters, seeking to be rewarded at the "public crib." Raised above the reach of party favor and political reward, they should occupy a position peculiarly hallowed and wholly consecrated to the needs of humanity, and to the highest service of city and State.

By consent of all parties the Charity Hospital and the State Board of Health should be freed from the pernicious entanglements and haphazard chances of political control. They should be jealously sequestered and protected from every influence alienating from the duties specifically ordained. By legislative provision these institutions should be placed under boards composed of citizens enjoying the highest public esteem and confidence; these should be self-perpetuating, and carefully hedged about by wholesome restrictions looking to the maintenance of their high standard.

To take the initiative and help bring about this consummation so devoutly wished is distinctly within the purview of this Alumni Association.

But let us correct at once and set at rest any possible misapprehension growing out of what has been said touching the administrative affairs of the hospital.

In giving moral support at all times to the Charity Hospital, and vigorous co-operation in matters affecting legislative aid, and in any special interest or endeavor, enlivening the general good will, and directing, whenever possible, the attention of persons with the view of influencing the bestowal of donations, legacies and gifts, the Alumni Association must always, and in all of its efforts, be justly appreciated and understood as disinterested in motive and sincere. Its work is merely the outward show of an inward grace, the outpouring of gratitude in every possible expression of material assistance and personal influence for the welfare of the hospital. Could more be asked or less offered by loyal and affectionate sons?

This association utterly disclaims any intention, present or future, of usurping, dividing or in any manner assuming the

responsibility or prerogatives of the Board of Administrators, just as it scouts the idea of becoming in any sense a State, parish or any other kind of medical society.

On the other hand, the Alumni Association does not propose to part with any reasonable privilege, right or prerogative of its own honest convictions and manhood. It reserves its right to criticism under any and all circumstances involving questions of policy and all else that may seriously concern the integrity and usefulness of the hospital.

There will be no memorial, criticism or utterance of any kind except as a conclusion of mature deliberation, given, as it should be received, in good part.

With such assurances, this association certainly looks forward to the establishment and maintenance of the most cordial relations with the whole administrative authority of the Charity Hospital. We are worthy sons and expect to be received as such.

The very first duty that devolves upon the Alumni Association, as a piece of active work, is to take immediate steps to secure the collection from every available source of data bearing upon the history of the Charity Hospital.

It is a most unfortunate and astounding fact that here we have one of the oldest and grandest monuments of civilization on this continent, growing in the very heart of an enlightened community; a monument that should be covered with legible inscriptions of glorious achievements, and yet scarcely more than a rude trace here and there and a few legends of a historic kind.

If called upon to-morrow to give the line of chief official succession, neither this association, nor the State library, nor the hospital itself, could furnish the names, not to mention contemporary history. Shall this wanton neglect, nay! this ungrateful desecration, as surely destructive as the torch of Caliph Omar to the Alexandrian Library, shall this continue, and consign well nigh to oblivion the future, as has been done the past record of one of the noblest works ever evolved from the better nature of man?

Let your committee on historic restoration and preservation

be the first working committee appointed by the Alumni Association. Let it memorialize the Board of Administrators with an earnest appeal to take immediate steps to recover, if necessary by legal seizure, any and all books, pamphlets, manuscript documents, and any other matter written or printed that has been under any pretext or promise borrowed and persistently withheld from the Sister Superior, the library, the clerk or other source in the Charity Hospital. Let your commission petition that a competent person, a registrar, be authorized by the board to collect documentary and other evidence, and to have the same carefully compiled, arranged and printed, if only to the extent of a few copies to be deposited in the library of the hospital, one volume in the State Library and one in the Howard Library. Let it be further asked that the annual reports may be made as comprehensive as a historic record of a condensed kind could properly be; and that the reports of every five years' accumulation be bound in suitable volumes, to be deposited one each in the libraries above named. Let this committee have all the assistance that each member of the association can give in the discovery and furnishing of historic matter.

It is further respectfully suggested that your committee be instructed to include in its memorial and as a part of the foregoing, the request that a condensed record of notable cases illustrative of methods of diagnosis, of treatment and of hygienic care, together with a statistical review of a few leading inquiries, be gathered from the medical and surgical departments in their respective subdivisions, to be carefully edited and published as a part of the annual report—preferably as an associated volume. The material for this work should be systematically collated by the House and Visiting Staffs with selected Resident Students—for the latter there could be no higher exercise in educational training—the matter to be finally arranged and published under competent supervision.

Such records would presently become of inestimable historic value as a store of knowledge for comparison of past with present periods, and as a standard gauge whereby to measure the

evolution and rate of progress of the science and art of medicine in all of its branches.

The matter of these records should be condensed to the briefest statement of the principles of theory and practice, exemplified in epitomized reports of cases, with photographic illustrations, if possible.

Except in a generalized indication of the lines of action, it would be an exhaustive waste of your patience to attempt here a discussion of the vast subject before us. It requires, we might say, months of study to learn understandingly the exterior of the Charity Hospital, and years of close observation, with exceptional opportunity, to familiarize oneself with the complex detail of its interior economy. We will not attempt it to-night.

Time and circumstance will disclose to your committees the opportunities of the Alumni Association as a faithful auxiliary of the Board of Administrators in all that may promote the welfare of the Charity Hospital. Even now the restoration and the future preservation of historic record is a work of filial duty plainly commanding our attention.

There is no institution in the United States so distinctly monumental as a direct transplantation from European civilization to a colonial settlement as our own Charity Hospital. Harvard University—"for the education of the English and Indian youth of this country in knowledge and godlynes"—is older, but not transplanted, except indirectly as evolved from the learning and liberality of English minds. William and Mary, in Virginia, in 1693, has long since passed away.

The Charity Hospital of Louisiana is the only great civic monument of French and Spanish conquest that has survived the commingled Anglo-Saxon, Celtic and Germanic domination. Wars have raged about it and pestilence around and within it; hurricanes have demolished its buildings twice, and fire has consumed them thrice; its location has been changed six times, and its national government six times; but the Charity Hospital, imbued with a spirit of immortality—for love can not die—has ever grown more vig-

orous in affliction; passing from grace unto perfection in grace through calamity.

Through wars and pestilence, through hurricanes and fires, changes of place and of government, in extremities of poverty and of dire distress, the Charity Hospital has never, for an instant, ceased its mission of mercy in humble obedience to the command "that ye love one another" since that day in 1704 when the seed of this great institution, borne from France by two Sisters of Charity, was planted in the colony of Louisiana.

Suffering long and always kind; envying not; vaunting not itself, and not puffed up; thinking no evil; rejoicing not in iniquity, but rejoicing in truth; bearing all things, hoping all things, enduring all things; itself always an object of living interest; growing with the growth and strengthening with the strength of the civilization crystalizing around this central thread, there stands the Charity Hospital of Louisiana, white in the robe of its own expanding glory, the embodiment of that spiritual excellence which is in Christ.

Well may we love to gaze upon its honored form!
Aye, standing there, the guarantee of help and health and peace!
Well might it move communities so blest,
To loftier feeling and to nobler thoughts—
The great material symbol of eternal things!

Great institutions, like great nations and great men, are nearly always evolved from unremarked obscurity. Like the Sequoias of our far Western slope, from a shriveled grain, "which, indeed, is one of the least of all seeds," they grow until gigantic, their tops far lifted in the boundless blue, they cast their mighty shadows down, in slanting lines of broadening projection, across the verdant level of the forest roof below, and out upon the undulating plains beyond, in most refreshing shade; and from supernal heights compel the homage that admiration gladly pays to majesty. Moved by its persuasive influence, the humblest beginnings are revealed, and small events are magnified through historic research, in the retroflected light of crescent greatness.

Rarely do we have a continuous and authentic record of these beginnings, but mostly a fragmentary collocation of some fact with abundant legend, fitly joined together by the historian, whose resourceful brain too often fills the hiatus of the unknown with presumptive deductions of what he imagines must or might have been. Like the naturalist Cuvier, from a single bone he reconstructs and clothes again with hide and hair or wool.

But let us take heart, remembering that we are only in the historic infancy of the Charity Hospital, as compared with the ages of its mighty future. Let us be comforted in the assurance that the incompleteness of the account of its early affairs does not mean the loss of historic continuity. Neither rust nor neglect has effaced the markings of the developmental changes of progressive medicine in America, indelibly ground into the historic face of this monument, like the water marks and glacial scratchings—those etchings of geological events—worn and inground upon the face of the sedimentary rocks.

Fortunately there remains an authentic and clearly traced thread of events running back to the inception of the idea of a colonial hospital conceived in France and transplanted and nurtured into existence by the two Sisters of Charity, as mentioned. July 24, 1704, the French warship Pelican, fifty guns, Captain Ducondray-Guimont, commanding, arrived at Dauphine Island, near Mobile; where a branch settlement from Biloxi had been temporarily established. Along with all this armament of war, and protected by these guns, came the messengers of mercy, the two, "Sœurs Grises."

The history of the Charity Hospital is inseparable from that of yellow fever in the Mississippi Valley and along the contiguous Gulf coast. From the beginning, the record of that foreign contagion runs like a strand of black twisted in a thread of white, a fearful length.

As early as 1701, or only two years after Lemoyne d'Iberville had established the settlement at Biloxi, "Sauvolle died August 22, *de la fièvre*, and many of the colonists also succumbed to *la maladie*. In years succeeding time and again the infant colony was swept by a deadly contagion, even then

recognized as of foreign importation, chiefly through the small, overcrowded and filthy ships trading with the West Indies, and also transporting immigrants from Europe via St. Domingo and other ports of the Antilles.

These pestilential prevalences clearly indicate the deadly work of yellow fever from the very beginning of the colonization of our Gulf coast and Louisiana.

In the fall of 1704, there was a raging epidemic in the Louisiana settlement. "In September, Ducoudray-Guimont lost half of his crew, and they had to give him twenty soldiers to help reconduct his ship to France, Le Chevalier Tonti, Le Vasseur, the Jesuit father Dongé, and thirty soldiers of the troops newly arrived, died during this month," says La Harpe. For the fair name of our delightful sanitarium and pleasure resort, our Mississippi Sound and Gulf coast, we demand a diagnosis of this sudden pestilence, for no such deadly contagion is native to these regions. It was yellow fever, brought by Ducoudray, touching at a West India port, or in the packet ship from Vera Cruz, August 10, which brought the news of the death of de Becancourt, who had arrived there from the colony only a few weeks before.

According to a contemporary writer living in the colony, Iberville died of the disease July 6, 1706. The narrative states that "Iberville returned to Havana with eight of his ships, intending to take from there a thousand Spanish soldiers to invade Carolina" (Charleston being the objective point), "but the pestilence that was then raging in the island carried off more than eight hundred of his own men, and also Iberville himself, De Gabaret, captain commanding one of the ships, and many officers of the squadron." As remarkable as it may appear, and a sometime paradox indeed, yellow fever saved a city, and pestilence stayed the ravages of war; but let not gratitude court friendship, lest familiarity breed disastrous contempt. In his *Histoire de la Louisiane*, Le Page du Pratz tells how, at St. Domingo, in 1718, while on his way from France to Dauphine Island, his new friends ashore treated him sumptuously: "*on servait toujours de beaux et bons poissons, et les viandes étaient à la daube*: I returned,

however, for supper and sleep aboard ship every evening, because I was afraid of catching the contagious malady of St. Domingo, seeing that six weeks before our arrival five hundred persons died of an epidemic disease they have named *le mal de Siam*. All such as that causes me to reflect upon the conduct of those who come hunting a fortune in this country (*aux Isles*), while we have other excellent colonies. It is my conclusion that to run such big risks to purchase great happiness, the while suffering so immensely, is always to pay too dearly."

The history of Louisiana, like that of the Atlantic seaboard colonies, is burdened with indubitable evidence of the early importation of yellow fever, for both were in close communication with the same ports of the West Indies, and both were ravaged from their earliest settlement, with an "infectious and pestilential distemper," foreign to either coast. What, may we ask, was to prevent *la Victoire*, *la Duchesse de Noailles* et *la Marie*," with Le Page du Pratz and eight hundred men, fresh from France, on board, from carrying "*la maladie contagieuse a St Domingo, nommée Mal de Siam*," to the Louisiana settlements? Do we need a pathologist, with scientific terms and a microscope, to tell us the nature of those sudden and appalling pestilential devastations, occurring during the summer and fall seasons, called by the settlers, "*la fièvre*," "*la maladie*," "*Pépidémie*," and "*la fièvre pernicieuse*, *la fièvre hémorrhagique*, malignant bilious fever, and the like, even in our own times. Small-pox, which also appeared early, was always spoken of as small-pox. La Harpe, *who was there*, says that in July, 1720, two men-of-war brought the contagious malady contracted in St. Domingo, to the Louisiana colony, and that many people were carried off with it daily. Again, *writing in New Orleans*, 1724, he says: "In order to understand the excellence of the climate of this province, it is necessary to remark that the air we breathe is healthful, and that the soil is exceedingly fertile. We do not know the nature of those epidemics that desolate the other parts of America, and if there is in this region some frequency of deaths, *elles n'ont été causées que par la maladie con-*

tractée à Saint-Domingue, and by the misery to which the colonists have been reduced upon arriving on the coast." Here we find a conclusive and clearly recorded recognition of the natural salubrity of this region, and of the importation and epidemic range of a malignant contagion from the West Indies, in the earliest times of its colonial settlement. Could historic evidence be more direct?

"In 1739, we read of a great mortality, especially among the troops recently arrived from France." In Pensacola in 1765, the nature of the pestilence there is recognized historically. In New Orleans in 1767, when the disease was attributed to the arrival of the Spanish from Havana, and greatly increased the ill will of the colonists against their new rulers; also in 1769,-96,-99, 1802,-04,-09,-11,-17,-19,-22,-24, and so on, repeatedly, until definitely recognized and voluminously written of, yellow fever became historically "the plague of the Gulf, and New Orleans one of its most famous ambushades." The lack of historic record accounts for seeming long exemptions. With accumulating preservation of such record we have increasing frequency of pestilential ravage, historically.

The declaration of the New Orleans epidemic of 1796 "imported from the United States," as the first invasion of yellow fever here, rests solely upon a newspaper article appearing apologetically twenty-four years later and devoid of scientific or historic value, because untrustworthy in every particular, certainly no more deserving respect than the "Mal de Siam" idea, the "Balam fever," or any other fancy of a writer or a popular rumor, such as our Mexican plague, of later years. That no such pestilence was ever heard of in Siam sufficiently exposes the idle fabrication which originated apologetically in the epidemic of Martinique in 1690. In Havana the disease was called the North American plague "because it was brought from New York and Philadelphia."

In no disease or other calamity have ignorance, cunning misrepresentation, bullying effrontry, malevolence, falsehood and cowardice so fearfully combined to display the depravity into which fear and sordid selfishness may plunge an indi-

vidual or a community in the baseness of a lie. The genius of invention has been exhausted in evading the acknowledgment of yellow fever; while death, the penalty, with terror in the lead and destruction following on, treads close upon the crime, invariably.

"On the 23d of November, 1721, the foundation of a hospital, 70 feet long and 26 feet wide, to be built of pine, was laid at Fort St. Louis, Biloxi. In 1723, Jean Baptiste Lemoyne de Bienville firmly established the settlement of New Orleans, begun in 1718, completing the transfer from Biloxi. On the 11th of September of the same year the colony was devastated by a hurricane, and among the places noticed as having been destroyed we find named the hospital."

The first mention of a salary for medical aid was in the regulations sent out by the commissaries of the king in 1721, for 800 livres (about \$160) for the surgeon, for one year's service at Biloxi.

"The next important fact we read of in the history of hospital provision for the city is the arrival in 1727 of seven Ursuline nuns, with four servants, whose specified duty it was to take charge of the Charity Hospital of New Orleans, temporarily situated at the corner of Chartres and Bienville streets. This was soon exchanged for a more convenient one connected with the Ursulines Convent, corner of Conde—Chartres—and Ursulines streets, and yet another was soon commenced for them on the square bounded by Chartres, Old Levee, Barracks and Hospital streets. Of this they took possession in 1730." Robin speaks of it as the "Hotel Dieu," and says it was a mixed civil and military hospital.

This became strictly a military hospital, when in 1737, a building for a "Charity Hospital" was bought "under a bequest left by a sailor named Jean Louis, who, having in the service of the East India Company acquired a moderate competency, left at his death 10,000 livres to be devoted to the establishment of a place for the succor of sick and wounded. A house belonging to Madame Koly was purchased for 1200 livres. One part of the balance of the sum bequeathed was employed in procuring the necessary

apparatus and furniture, and the other part was kept in reserve. This hospital was outside the town limits, on the west side of Rampart street, between St. Louis and Toulouse streets.

For lack of time and space we hasten on to the year 1784, when Don Andres Almonaster y Roxas, Chevalier of St. Charles, himself illustrious, and the father of a truly great woman, commenced the erection of a hospital of brick and mortar, on Rampart street, to take the place of the Charity Hospital of Jean Louis, destroyed by a hurricane, 1779. It cost \$114,000, and two years were occupied in building. He appropriated the rents of stores at the corner of St. Peter and Levee streets to its support, constituting an annual revenue of \$1500. He also gave five skilled slaves and furnished the institution throughout. Among other things, he provided twenty-four beds "for persons who shall be neither incurable, nor leprous, but poor and recognized as such. If any others sick, not coming under the denomination of poor, wish to be treated there, they must pay a special sum in order not to trench upon the endowment." For his charitable work the King, Charles IV, of Spain, by a royal *cedula* (decree) declared this institution under his own immediate protection, and appointed Don Almonaster patron for life, with reversion to him direct or collateral, and to his heirs; under the direction of whom it was administrated, until March 9, 1811, when Micaela Leonarda Antonia, his only child (who, a few months later became the celebrated Baroness Pontalba), made a relinquishment of all her rights and privileges to the city of New Orleans. Dr. Blanquet was then the hospital physician. Besides having built the St. Charles Charity Hospital and its chapel, the chapel of the Lazarists, the chapel of the Ursulines Convent, a hospital for lepers and schools for little children, he built the St. Louis Cathedral, laying the foundation in 1792 on the site of the original rude wooden structure erected by the Chevalier de Bienville in 1720, under the invocation of St. Louis, in honor of the titular patron of his military order, Louis IX, destroyed by the hurricane of September 11, 1723, and upon the ruins of its successor, the old brick church built by Bienville in 1724

and destroyed by fire in 1788. Don Almonaster also built the massive buildings on each side of the Cathedral, now occupied as courts of justice.

The hospital was one of the buildings expressly delivered to the United States in the formal transfer of Louisiana, through the French prefect, Laussat, to the commissioners, December 20, 1803. The building was again destroyed by fire, 1809. By act of the Legislature accepting the property, it was placed under the government of a Council of Administrators, nine in number, of whom the Governor was to appoint six and the City Council three. In 1813 it was enacted that a board of eight should be appointed by the Governor, with the advice and consent of the Senate.

In 1815 the Charity Hospital was rebuilt, this time on Canal street.

The historic status of the hospital in 1823 is chronicled in the City Directory of that year: "The Charity Hospital, situated 147 Canal street, consists of two large buildings, containing one surgical hall, two large fever wards, one dysentery ward, one ward for chronic cases, one for females, one for convalescents, one bathing room, one apothecary store, and a number of other apartments for the families of the resident officers, etc. The hospital has lately undergone a complete repair and reform, and is at this time as clean, wholesome and well conducted as any institution of the kind in the Union. During the last year about 1700 sick persons were admitted, 1200 of whom were discharged well, and the remainder died, one-half which number of yellow fever. The lot on which these buildings stand embraces the whole square between Canal, Common, Baronne and Philippa (now University Place) streets, and is laid off in a garden, poultry yard, etc. The whole appearance of this humane establishment, *at present*, indicates that the physicians and officers are very attentive to their duty. Any person who doubts the correctness of the above remarks need only visit the hospital to be convinced. Dr. John Rollins is the house surgeon and apothecary at this time, who is assisted by physicians of the city, who visit in turn. Sick persons who wish admission must apply to the mayor of the city or any one of the admin-

istrators. The hospital is likewise an asylum for lost children, who will be taken the best care of until reclaimed."

There the Hospital remained until it was sold to the State, and with the proceeds, \$125,000, the administration purchased, at a total cost of \$150,000, the square on which the Charity Hospital now stands, and erected the main or central building. In 1831 the Legislature of Pennsylvania voted a grant of \$10,000, conditioned upon care to its citizens and German patients.

The present Charity Hospital was begun in 1831, and was completed so that the patients were removed into it in the winter of 1833-34.

Sixty-one years ago, January 6, 1834, the present management of the Sisters of Charity was installed in response to an earnest appeal from the Board of Administrators, which began thus:

"CHARITY HOSPITAL, }
"NEW ORLEANS, La., May 6, 1833. }

"Reverend Superior of the Sisters of Charity, St. Joseph's Academy, Emmitsburg, Md.:

"RESPECTED SISTER—The high reputation for humanity and devotion to the indigent which the ladies of the institution over which you preside have acquired, and which has been represented to the Board of Administrators of the Charity Hospital, of this city, has made it desirable to them to obtain a few to whom they may commit the management of the interior economy and police of the institution, and I, as Treasurer, have been directed to address you on the subject." * * * * *

The enduring strength, the wonderful achievement and silent dignity of the Charity Hospital are undoubtedly due to the wisdom, the executive efficiency, the unflagging fortitude and the vast moral influence, through their angelic demeanor, exercised by the Sisters of Charity in the administration of its interior economy within their proper domain.

This just tribute is gladly paid, with no diminished appreciation of the personal sacrifice, the noble and enduring work in planning, constructing, providing, regulating and defending, laboriously and conscientiously wrought by the Board of Administrators.

Our tribute falls far short of our intent; for words, however fitly chosen, fail to measure the grateful homage we would pay transcendent virtue, radiant in the image of its Lord. What language can convey the ineffable love and silent adoration of "those multitudes, many and vast, of men, women and infants, by sore griefs assailed, with lamentations and complaints innumerable, all here together come from every clime," seeking to be touched into newness of life through the blessed ministrations of the Sisters of Charity.

This ceaseless stream of confluent misery has numbered in the last six-three years: Admissions, 481,288; discharges, 402,071; deaths, 70,624; mortality, 14 per cent. The unrecorded multitude received prior to 1830 would push these figures far in excess of a half million of patients that have entered the Charity Hospital.

It is not my mission here to eulogize, far less to praise above deserving, but historic truth demands that my testimony shall at least be just. Who can speak of the welfare of the Charity Hospital in times past, and of this grand foundation securely laid by other hands, without telling of those men who bore the brunt and burden, the toil and moil of its construction; its surgeons and physicians; its administrators and visiting staff? Is not the rich garniture of its history inwoven with the lives of those cultivated gentlemen, those splendid intellects and heroic souls, extending in a line of official succession, well authenticated, from the early twenties to the present time? Those grand men who created and have sustained the exalted prestige of the medical profession in this region, some of whom are famous, and all of whom are enshrined in the affections of the people; do not their names and life-work shine from this historic texture like inwrought pictures of gold? Drs. Charles A. Luzenberg, J. M. W. Picton, A. H. Cenas, Thomas Hunt, Warren Stone, John H. Harrison, John C. P. Wederstrandt, E. H. Barton, Darwin E. Fenner, Armand Mercier, A. J. Wedderburn, Samuel Choppin, D. Warren Brickell, P. C. Boyer, Alfred C. Holt, Samuel M. Bemiss, H. D. Schmitt, Daniel C. Holliday, T. G. Richardson, Samuel Logan, and that newly-mournd

prince among surgeons and physicians, Albert B. Miles. Is there no generous meed for the living, and may they not behold their own footprints in the sands of time? Must mortuary memorials and epitaphs alone proclaim the grateful recognition of good deeds, and fame ne'er sound her trumpet-blast except in ears already sealed with dust? Let historic truth be truth indeed and boldly reveal the undiminished line among the living in a glorious continuity—Charles J. Bickham, Andrew W. Smythe, George K. Pratt, Arthur W. de Roaldes, Ernest S. Lewis, Edward T. Shepard and J. D. Bloom.

A truthful history of the Charity Hospital should contain the memoir of every man whose name has been here given. But how can we, in this brief space, find voice to sound their high deserving, except by a symbol, clothing the tribute of admiration in a trope? How can we speak, except as one who occupies some point of vantage upon the broad plain of daily life, and looking with retrospective gaze upon this line, stretching, like the Sierras, toward the horizon of the past—"He sees the tall, gigantic hills arise in silentness and peace, and, in the long review of distance, range themselves in order grand."

How can we speak of the historic welfare of the Charity Hospital and fail to dwell upon the name of Warren Stone, the beneficent impress of whose remarkable personality is ineffaceably stamped upon that institution—upon the medical profession—and upon the people of the South.

In all points, as we are in suffering the trials, the temptations and sore tribulations of life, Warren Stone, like King David of old, was always human, and always sublime. By nature cast in a heroic mould, he moved in unconscious ease on the plane of such men as Daniel Webster and Robert E. Lee; denied only by his profession from the conspicuous achievements of the Senate and of war. Drawn by a pervasive magnetism, students and people crowded about him in wonder and delight. "Every visit to the hospital was an ovation to him," says Dr. Miles in his "Memorial Address on Dr. Warren Stone." I myself remember well that to get near him on those daily occasions was a happy chance. The

poor, the stricken and the distressed he had always with him, for he fed them, he healed and comforted them. In character, as in body, he was positive and strong. Quick in perception and prompt in execution, his intuitions soared into genius. As a surgeon he possessed what the elder Chassaignac has called the consciousness of traumatism. To the arrogant he was austere, to the tyrant bold and unconquerable; to a feeble child and an humble, suffering woman, he was the great physician—yea, more! a tender father, a sympathetic friend, whose outstretched hand was ever filled with proffered help. To talk of him is to forget all else, so pleasant is the theme.

But there he stands in that Sierra, sharply outlined and towering high; his massive front capped with frosted locks—like a snow-crowned peak, resting in the grand repose of far-away magnificence—the great Warren Stone!

Behold that Monarch Mountain, where it stands
Imperial midst the lesser heights, and, like
Some mighty, unimpassioned mind, companionless
And cold. The storms of heaven may beat in wrath
Against it, but it stands in unpolluted
Grandeur still, and from the rolling mists upheaves
Its towers of pride e'en purer than before.
The wintry showers and white-winged tempests leave
Their frozen tributes on his brow, and he
Hath made of them an everlasting crown.
Thus doth he, day by day, and age by age,
Defy each stroke of time, still raising highest into heaven!

Living within the radius of that lone, vast reflector, itself all light, and in full view of those associated, "tall, gigantic hills"—let us assume the humility of true worth. Let us not arrogate superior wisdom or intellectual pre-eminence because of the startling discoveries and brilliant achievements of to-day; nor set them in conspicuous contrast with the errors of theory and the imperfections in practice of those, our antecedents, who perfected the way to our success and made our glory possible.

Within the last fifteen years the Charity Hospital has changed from the old to the new, from the dispensation of laudable pus to the dispensation of the germ theory, so com-

pletely as to constitute a revolution in management, construction and appliance. The change, already radical, moves with accelerating pace toward ideals of perfection, here gathered and cast upon this screen like focused rays of light, reproducing in fidelity of color and of action the image of all the thought, of all the experimental effort and inventive genius of the enlightened world.

But why has not this change occurred long before? Because every modification and addition, every thought and suggestion of improvement, every conception of an ideal institution has been projected along hygienic lines established by the recent science of bacteriology, with its revised notions of pathology, and the outgrowing principles and practice of aseptic and antiseptic procedure.

This alone has compelled the change in general theory and practice, and therefore in medical education, in hospital construction, provision and management.

But for the revolutionary and compulsory influences of bacteriology the medical profession and the Charity Hospital would be to-day where they were forty years ago, and would indefinitely have remained.

No one was more closely identified with this transition than Dr. A. B. Miles, whose modest appreciation of his own great ability was in striking contrast with the exalted esteem entertained for him by others. The direction of his own inclinations were never more strongly exhibited than in his admiration of Dr. Warren Stone, toward whom he was drawn by the affinities of greatness. The "Memorial Address" on Dr. Warren Stone," read by Dr. W. E. Parker before the Southern Surgical and Gynecological Association, at Charleston, S. C., November 14, 1894, was his last written article.

No one looked forward to the establishment of this Alumni Association with greater hope than he; for no one was so instrumental in infusing life and giving form and strength to this new creation. But neither love nor duty could hold in fleshly bondage the soul of Albert B. Miles—

When it would rend, O, Earth, thy prison bars,
 And scale thy confines with the wings of light,
 For thus his thoughts impatient walked the stars
 That gleam like souls through Thy environed night.

Across Thy grand infinities, o'er seas
 Dowered with the splendors of Thy heretofores,
 His soul has soar'd on wingéd ecstasies
 To the beyond, where thought so grandly soars.

Yes! Where Thy realities are the unseen;
 Where life is truth, and the departed dwell
 In mansions rising through the blue serene,
 Not built with hands, and each joy's citadel.

Father! Amid Thy throned eternities,
 His heart now hymns its gratitude to Thee—
 Not here amid these worlds, nor such as these,
 Glory can dwell alone, where souls are free.

Historical works referring to the subject of this address: "Histoire de la Louisiane," par M. Le Page du Pratz, a Paris, 1758, in three volumes, with maps and illustrations; "Memoir Historique," par C. C. Robin, Paris, 1807; "New Orleans Directory and Register, With Notes on New Orleans," by John Adams Paxton, 1823; "Rapport de la Commission sur les Lazarets et les Quarantaine," Bordeaux, 1839; "History of Louisiana," by E. Bunner, 1843; "The History of Louisiana," by Francis Xavier Martin; "History of Louisiana," by Charles Gayarré; "Historical Sketch of the Charity Hospital of New Orleans," by James Burns, M. D.; "Historical Sketch Book and Guide to New Orleans, Exposition Edition," "The New Orleans Medical Journal," 1844-45; "Sketches from the History of Yellow Fever, Disproving its Domestic Origin and Demonstrating its Transmissibility," by W. M. Carpenter, A. M., M. D., New Orleans, 1844; "The New Orleans Medical and Surgical Journal," 1845-67; "The New Orleans Medical News and Hospital Gazette," 1854-61; Report of the Sanitary Commission of New Orleans, etc., 1855, by E. H. Barton, M. D., consulted in Howard Memorial Library; "Annuaire Louisianais," par B. Lafon, New Orleans, 1898; "Journal Historique de L'Etablissement des Français a la Louisiane," par Bernard de La Harpe; "Histoire de Longuëll," par Alix, Jodin.

(Reverse side of Menu Card.)

Charity Hospital of Louisiana Alumni Association

FIRST ANNUAL BANQUET.

APRIL 16TH, 1895.

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MASTER OF TOASTS, H. DICKSON BRUNS, M. D.

"The Charity Hospital,"	E. T. SHEPARD, M. D.
"The Tulane Medical College,"	RUDOLPH MATAS, M. D.
"The New Orleans Polyclinic,"	J. H. BEMISS, M. D.
"The Louisiana State Examining Board,"	T. Y. ABY, M. D.
"Our Guests,"	JAMES T. HAYDEN, Esq.
"Old Times and New,"	POLK MILLER, Esq.
"The Press,"	Major T. E. DAVIS.

THE EARLY CHARITY HOSPITAL.*

By JOHN J. CASTELLANOS, M. D., NEW ORLEANS.

Reprinted from the July, 1897, number of the New Orleans Medical and Surgical Journal

Fellow-members of the Charity Hospital of Louisiana Alumni Association—Waiving all claims to its literary merit, I still experience some pleasurable satisfaction in dedicating to you this modest work. It is the outcome of diligent research. That it is open to criticism, I am fully aware. Personal inexperience and meagreness of material can best account for its shortcomings. Nor can it be strictly considered a history of the Charity Hospital. It might more properly be termed its public or official life, reviewed in its relations with the *cabildos* and councils, the provincial governors and the city mayors. Still, some sort of a history was to be written. This I have endeavored to accomplish with such limited means as I could collect and utilize. I have much to thank some of my colleagues, and, more especially my distinguished friends, Drs. Parham and Holt, and also Mr. Marks, the ever courteous secretary of the Board, for the kind encouragement and moral support which they have so readily extended me in the prosecution of this work, which has after all proved a labor of love. Just as it comes to you with its many imperfections, let me trust you will now accept it at the hands of an old yet not less devoted fellow alumnus.

1737.

"We should in full justice here consign the humble name of Jean Louis, once a sailor in the Company of the Indies, who, through some small traffic, had succeeded in acquiring what was then termed, in the country, a competency for a man of his class. In accordance with the dispositions of his olographic will he bequeathed, at his death, all he possessed, amounting to 12,000 livres or thereabout, for the founding of a hospital. With these funds," says Bienville, who reported this fact in one of his dispatches, "a home was purchased from Mrs. Kelly, situated upon a vast location at one of the extreme limits of the

*Read before the Charity Hospital of Louisiana Alumni Association, April 13, 1897.

city. It cost 1200 livres. The cost of repairs amounting to 2500 livres. The remainder was employed in the purchase of bedsteads and necessary articles, and the balance was held in reserve."

* * * * *

Let the above be the frontispiece to this unpretentious fabric of a narrative. Surely, none could have been more appropriate. The touching simplicity with which the above statement is worded, the earnest sincerity which pervades it, seems to breathe the spirit of the humble yet zealous pioneer in the ways of charity whose name it strives "in full justice" to rescue from oblivion. Poor "Jean Louis Hospital," "*Hospice des Pauvres*," "*Hospital de los Pobres*." It looms up from afar, in the gray dawn of our earliest colonial history, almost enshrouded in legendary mists, and destined to partake of the vicissitudes of the times. It stands, however, as the first milestone that reveals the existence of the obscure pathway, which has now assumed the vast and commanding proportions of a royal road to charity. Though clad in poverty it speaks in prophetic tones of the imperishable character of heavenly inspired works. The poor sailor Jean Louis, while he tendered upon his death bed his modest legacy, the savings of a life of painful and diligent toil, little dreamed that he was destined to be the precursor of so many munificent endowers, and that his efforts, humble though they were, were to culminate in the achievement of so brilliant results. But, although the lustre of his generosity seems to have been eclipsed by those who have followed in his wake, why should his name have been so forgotten that its very mention is now a subject of surprise? Why should not a memorial tablet that would "in full justice consign his humble name" to posterity have been affixed, by the side of more privileged benefactors of the Charity Hospital, upon the walls of that institution? The hand that pens a historic line, and fails to grasp the opportunity of redeeming from obscurity, yea of rescuing from oblivion the memory and fame of so hallowed a benefactor, should incur the parricide's penalty, should wither by virtue of its own guilt. Wherefore, upon the threshold of my subject, I have deemed it an imperative duty to do justice to the first benefactor, in fact, to the very founder of our Charity Hospital, prompted by the sentiments, urged by the

enthusiasm which the very nature of my theme is calculated to inspire, and hopefully confident of your sympathetic responsive approbation.

I have found it impossible to ascertain with any degree of precision the date of this hospital's foundation. It can, however, be confidently asserted that it took place at an early period in Bienville's second administration. The tone of his dispatches as quoted in the above statement would justify a surmise that he therein alluded to an event long past, to be recalled to memory, to be consigned to posterity. As he took his final leave of the colony in the year 1724, the foundation of the Jean Louis Hospital must have antedated, by many years, the above statement, which was written in 1737. Nor should that institution be confounded, as it has been done by the distinguished historian, Charles Gayarré, with others, long before and afterward established, which were partly civil and military, one of which bears special historic interest, from the fact that it had been committed to the charge of the Ursuline nuns, upon their arrival from France. It was situated at the corner of Old Levee, now Decatur, and St. Ursula, now Ursulines streets.

The primitive Charity Hospital, as built by Jean Louis, and subsequently rebuilt by Don Andres de Almonester, stood on the west side of Rampart street, upon the square bounded by St. Peter and Toulouse streets—"a une extrémité de la ville"—i. e., "at one of the extreme limits of the city," according to Bienville, or as Miro himself more explicitly specifies, "upon a portion of the grounds allotted to the city's fortifications"—"*el terreno en cuestion es parte del que corresponde a las fortificaciones de la Plaza.*" The topographical conditions of this site were far from favorable. The grounds upon which the hospital stood were low and marshy and therefore insalubrious. The parapet closely invested from the rear and the pentagonal forts, or bastions, obstructed on either side most of the road that bore the pretentious name of "*La Rue du Rempart.*" The measurements of the lots were defective and their boundaries ill-defined.

This fact, many years after, gave rise to litigation with Mr. Milne, Mme. Bermudez and the Basin Navigation Company. Their irregular frontage, also, extended far out into the street, and occupied much of that side of the present Rampart street.

Hence, in 1812, when by a Council ordinance recourse was had to expropriation, in order to allow a width of 100 feet to that street, and lay out a "promenade" or avenue upon it, much of the fronts of the hospital's lots were retrenched. This accounts for the comparatively deficient depth of all the blocks on the west side of Rampart street, from St. Peter up to Canal street. With regard to its importance and its range of usefulness in those early times, when the city's population hardly numbered 5000 inhabitants, this institution could not have been insignificant, if we are to judge from the earnestness which the cabildos and governors displayed, while discussing its interests. A large majority of the early colonists consisted in penniless, in fact reckless adventurers. Allured by the fallacious inducements held out by Law's Mississippi or West India Company, they stranded upon our shores where hardship and privation awaited them, and where the yellow scourge was sowing the seed for future deadly harvests. There can be no doubt but what the number of destitute patients, who flocked to the hospital must have been proportionately high, when compared to the city's population; and that under the circumstances this institution must have done effectual service. It was, however, doomed to be destroyed by the hurricane of 1779, after having successfully resisted that of the preceding year. Quoting from Miro—it was converted into a heap of ruins, its kitchen and storehouse alone left standing. These were subsequently utilized and made to accommodate sick patients. "for," says he "the public should always be entitled to some consideration"; and, still further describing the consternation then prevalent in the city, from these oft-repeated calamitous visitations, "many sick paupers are now wandering through the city, in quest of shelter and succor, and are hourly exposed to perish upon the very streets, or in some obscure by-corner."

So universal was the distress then experienced in this city that none of its inhabitants were able to offer the slightest assistance to the forsaken patients. Lengthy and frequent were the conferences then held between the cabildos and the Governor looking to the adoption of relief measures. Still no relief was tendered; all efforts proved unavailing. Strange to say, in the course of the correspondence that ensued, in the very midst of the praiseworthy demonstrations of the cabildos in behalf of

their unfortunate fellow-citizens who now looked up to them for help, there seems to run a vein of ill-disguised animosity against their rulers, which they now betray in petty questions of jurisdiction in connection with the hospital. Be this what it may, their efforts in that direction were exerted at a very untimely hour. The hospital had been destroyed and lay prostrate upon the ground. Its administration was powerless to act and might have been considered disorganized. Why then all this waste of time, why their complaints, about the director's failure to send in his accounts and such like trivial remonstrances? Why not yield to the promptings of duty and conscience and actively set to work in assisting the needy? Well did they deserve the Governor's admonitions, which amounted to a rebuke. His alone, and not theirs, was the authority to control the hospital. It mattered little what had been under the French rule. They had, in former years, attempted to arrogate powers; had been convinced of their error, and now seemed bent upon a similar course. These among other remonstrances were set forth by Bernardo de Galvez in firm, unequivocal terms, yet blended with that suavity and dignified courtesy which were the characteristics of the illustrious Spaniard. This incident, unimportant though it may at first appear, may serve to illustrate the spirit of the people in those colonial times, and more especially their unrelenting efforts to reassert their attachment and their claims to former observances and laws peculiar to the French domination. Hence the oft-repeated debates upon matters of jurisdiction in religious as well as political questions, we so often meet with in the early history of Louisiana. Nor should we marvel at this anomalous condition of popular sentiment. The abrupt change of flag and domination that had just taken place in the province of Louisiana, bridged and smoothed over by no intermediate transitional period that might have offered heretofore French loyal subjects the opportunity of some preparation previous to being converted into full-fledged Spaniards; the imperative dictum of a treaty of Paris, before which the forsaken French colonists were made to bend their unwilling necks or else incur the executory process of an O'Reilly's drum-head court-martial sentence, had left them little or no leisure to adapt themselves to the actions of the Spanish laws and customs, as yet unfamiliar to

them or else ill according with their national temperament. Travestied though their Christian names had been into Jean Bautista, Francisco Maria, etc., still the family names which the members of the cabildo claimed with pride, attested an uncompromising French ancestry. True, the new Spanish rulers had endeavored to ingratiate them by bestowing upon them honors, lucrative office and high-sounding titles, and they, in all sincerity, had in return striven to be loyal Spanish subjects, yet the blood of old Gaul still coursed through their veins, and would time and again struggle to reassert its national idiosyncrasies. The rejoinder of Bernardo de Galvez was subsequently supplemented by the Governor *ad interim*, Don Estevan Miro, who refutes more at length the several objections advanced by the cabildo, and repels the insinuations of the Procurator General, Don Francisco Maria de Reggio, and the Royal Eusign, Don Pascalis de la Barre, about "the unfair, stealthy, clandestine and despotic methods which (they claimed) the government had resorted to in the election of officers for the Hospital"—very strong language indeed for loyal subjects. With a rebuke, tinged with sarcasm, he alludes to the opposition which they have systematically organized against a would-be public benefactor, Don Andres de Almonester y Roxas, formerly a war clerk and civil notary (*Escribano de guerra y de Hacienda*). This wealthy old gentleman of noble pedigree, moved by the sight of general distress, caused by the late hurricane, and desirous of employing his wealth in works of public utility, had spontaneously offered to rebuild the hospital at his own cost, and to appropriate a yearly revenue for its support. Through inadvertence, or very likely yielding to the promptings of his thrifty and provident disposition, he had inserted a clause in his letter of application, in which he reserved to himself the privilege of making use of some of the "debris" or remnants from the wreck of the old hospital as building material—to aid in the construction of its successor. This unexpected restriction from a man who had offered the princely sum of \$114,000 for rebuilding the hospital naturally provoked laughter, and lent to his opponents in the cabildo, the most powerful weapon that can be wielded against a foe, that of ridicule.

Miro, however, in advocacy of Don Almonester, expostulates

in the following terms: "Indeed this provision of Don Almonester can not furnish much assistance to his costly undertaking; but why all this astonishment at the disposal he has thought proper to make of these building materials? And why should this worthy almsgiver be looked upon in so questionable a light? If, at the time when the hospital was still standing, some one would have offered to build an annex to it, would any objection have been made, had one of its walls looking on the improved side been utilized in the said construction? Be it what it may, I can not view him in any other light than that of a fellow-citizen eagerly bent upon performing a charitable work, and a public benefactor worthy of the highest praise, so much the more as he comes forth, holding out a most lavish offering for the reconstruction of the hospital, which, we must confess, would have proved a very difficult undertaking at the present time. Having so long delayed in applying for aid for the reconstruction of the hospital, it is not less surprising that you should have taken this matter in hand at the very time when unexpected assistance is being tendered from other quarters, and which might possibly be withdrawn were I to acquiesce in your pretensions to have this worthy gentleman to appear before you, and beg your leave for the accomplishment of a work of public utility."

Having secured the king's consent, Don Almonester, in 1782, consistently with his offer, undertook the construction of the "New Charity Hospital of St. Charles," "of San Carlos," so entitled in honor of the then reigning monarch under whose protection it had been placed. Completed in 1784, it stood upon the site of its predecessor, a commodious, substantial edifice, built of brick and mortar, surrounded by suitable dependencies, and provided with a chapel. Some historical importance is attached to this chapel. "In 1785, at the death of King Charles the Third of Spain, and upon the advent of his successor to the throne, not a single house of worship, save this modest church, was left standing in the city, so devastating had been the hurricane of 1779."

In order to celebrate the Requiem Mass, and subsequent religious ceremonies, resort was then had to the little Chapel of Almonester's Hospital. Thus far Almonester had accomplished his ends, had faithfully fulfilled his promises, and this hospital was doing good service. Well should he have expected to reap

the harvest he had sown with so broad and generous a hand. But unfortunately he had not completely disarmed opposition and new trials awaited him. Miro, his devoted friend and advocate, was no more Governor; he departed for Spain. Baron de Carondelet, his successor, was a stranger to the colony, and did not appear to share his predecessor's fond partiality to Almonester. The latter's dispositions in the administration of the hospital were disregarded, his orders countermanded and a strife for power was soon set on foot; all of which I must not anticipate, as it furnishes matter for the following pages. Suffice it to say that the outcome of that struggle for supremacy was the founder's dispossession of all controlling power over his own hospital. Almonester, however, by this time had entered the *cabildo* as *Regidor Perpetuo* (Life Councilman); had been awarded the title of Royal Ensign by the King, and ranked as Colonel of the Militia Battalion of the city. He had wasted no time in seeking redress. He had written to his King, fully exposing his grievances. Thus matters stood in October, 1793, when the members of the *cabildo* convened in their "Salas Capitulares" were startled by the reading of an address from their Lordships the Governor and Intendant of the Province, which inclosed a duplicate of a *real cedula* by virtue of which the Royal Supreme Council of the Indies makes known that they have approved the foundation in this city by the *Regidor Perpetuo*, Don Andres de Almonester y Roxas, of the "New Charity Hospital of San Carlos." A duplicate of the *real cedula*, dated April 13, 1793, which is the original charter of the Charity Hospital, was also read declaring Don Andres de Almonester y Roxas to be the founder, patron and endower of that institution. Having heard the above the members of the Spanish Council proceeded at once to the compliance of certain forms prescribed for the occasion, which might have lent some impressive solemnity to the occasion had they been coupled with sincerity. As it is, we can not but smile upon this display of allegiance as the enactment of a farcical ceremony. They signified their readiness to obey the royal mandate, and pledging to henceforth consider Don Andres de Almonester y Roxas as patron and founder of the Charity Hospital; they then kissed the sacred documents, and placed them upon their heads, "as is done with a letter from the King, our lord and natural master." Whereupon,

and as if intending to confirm the misgivings above mentioned, Jean Baptiste Sarpy, then Attorney General Syndic, stepped forth, and, pleading his ignorance of the tongue in which they had been written, asked to be allowed to examine into these documents; and whereas, the special nature of his functions made it imperative upon him to inquire with no little scrutiny into whatever interested the poorer classes, he likewise begged permission to address a few remarks to the cabildo at its following meeting, which request was readily granted. This unexpected interposition of the Attorney General Syndic, though it might have appeared calculated to cast a damper upon this feast of loyalty and to belie the pledges of submission still fresh upon his lips, was not, however, altogether inopportune. At all events it was honestly meant. His subsequent remarks might also, in some particulars, be considered captious. Almonester sarcastically qualifies them as an attempted display of shrewdness. Be they what they may, they nevertheless foreshadow the many vicissitudes, the trying ordeals which our hospital was subsequently to encounter. His boldness in taking issue upon certain dispositions made by Don Almonester and sanctioned by the King himself bespeak an uncompromising honesty of purpose, a wise foresight, and an unfaltering devotion to the cause of suffering humanity. Don Almonester had offered to appropriate as a perpetual revenue to the hospital he was about to build, the rents of stores in the basement of his residence on St. Peter street, and had convened a commission of his own selection to verify his estimates. This commission had reported favorably; had considered the \$1500 yearly revenue an adequate sum for the support of the hospital. This was the *questio vexata* upon which the whole discussion turned and upon which the Attorney General based his remonstrances, which I will now quote: "At a meeting held November 25, 1786, for the special purpose of inquiring into the condition of the endowments it was agreed that the rental of the buildings appropriated to the hospital, and estimated by the donator not only reached \$1500 but even exceeded that figure. Whereas, in fact, it did not exceed \$1248. But, still, admitting the preceding estimate to be accurate, it does not less stand true, from past experience, that despite the wisest and most economical management, the above amount of \$1500 has proved inadequate to

yearly provide for the maintenance of the twenty-four beds that have been tendered in the endowment. If, therefore, the above endowment, admitting the estimate to be correct, has so far proved insufficient to provide for the maintenance of twenty-four beds as tendered, we are at a loss to understand how the additional charges can be met which are specified in the dispositions submitted by the founder in his letter of application, and subsequently sanctioned by His Majesty. The additional appointments or a superintendent, chaplain, physician, besides a host of employees, will call for a supplementary outlay. Meanwhile the overconfiding public will be lulled with the expectation that the founder, impelled by his wonted generosity, will, during his lifetime make ample provision for his hospital's support. But, be it not forgotten, this institution will surely outlive its founder, and then, as at present, the sick will continue to flock hither, only to realize the lack of former liberal assistance, nor should you presume upon the aid of public charity; the founder's accredited wealth will justify the conviction that he would not, at his death, have left his hospital unprovided. Hence will charitably inclined persons seek other quarters wherein to contribute their alms. The reasons I have set forth will deserve your most careful consideration. Let me trust that through our joint efforts, while we voice the prayers of the destitute, family-burdened, suffering classes in our community, the patron and founder of this institution will vouchsafe to grant it further assistance, and thereby crown and insure stability to an achievement which should ever shed undiminished lustre hereafter in time. Let him heed the entreaties of the unfortunate beings whose doleful lament it is now in his power to convert into joyful exultation by the bestowal of still more lavish benefactions which would constitute him their permanent protector." Then, very significantly does Jean Baptiste Sarpy break off from the above pathetic appeal—reassuming his previous aggressive tone: "In the contrary case, it behooves you to adopt measures which your judgment will dictate; still, without prejudice to the public cause."

(Signed)

"JUAN BAPTISTA SARPY.

"*New Orleans, December 13, 1793.*"

Almonester's rejoinder did not tarry long. With undisguised ill-humor he resents the syndic's misinterpretation of facts and his apparent intrusion upon matters of his private concern, in the following words: "Respondent can not possibly conceive what would have warranted said syndic thus to read to the cabildo the royal dispatches relating to the Charity Hospital, as no instruction to that effect, by His Majesty, can be discovered in the aforesaid documents. Besides, the syndic's objections are not only groundless, but can not, with propriety, be submitted to the cabildo, who in this case is not entitled to act both as judge and party at the same time. Although secured by royal support, which insures him protection and exonerates him from obligation of accounting for his administration, which fact would fully justify his conduct were he to pay no heed to the above attempt to inquire into his official conduct, he is, however, disposed to condescend to the wishes of the cabildo, and, in some measure, to furnish satisfactory explanation." The rebuking tone, the air of offended grandeur, which this Spanish nobleman, Knight of the Royal Order of San Carlos, Regidor Perpetuo and Royal Alferez of the cabildo, colonel of the militia of this city, now assumes toward his colleagues, the representatives of a community before whom he stands in the light of a public benefactor and munificent endower, should cause little surprise. Not less the following appeal to these same colleagues for fair dealing and harmonious co-operation, and somewhat bitterly recalling the galling experiences of years not long gone by: "For I can not believe these gentlemen to be actuated by animosity, nor still inclined to reinact the same methods of systematic opposition which they formerly resorted to against me, and which at all events are now cut short by His Majesty's orders." Having concluded his refutation of the syndic's objections, with what success I leave to the readers of the appended documents to decide, he now betrays his personal characteristics. The repeated pointed allusions of the syndic to his enormous wealth and to the probability of his nigh impending dissolution, had stung him to the quick. Verging on seventy, yet recently married to the youthful daughter of Colonel De la Ronde, he must have then realized that sense of awe, the gloomy foreboding which instinctively warns us of the approach of that unwelcome visitor whom neither wealth nor

power can drive from our gates. Nor are his conservative traits here less marked. Having indulged in lofty, religious aspirations, he now casts down his eyes upon his overreplenished coffers, and exclaims: "Still, admitting for argument's sake the converse to be true, and as the syndie advances, that while he lives your respondent will endeavor to furnish from his own competency whatever additional aid the hospital may require, as was actually done during the year of the fire, when increased admissions called for a surplus of the yearly income, should this purely voluntary act fasten upon the donor a standing obligation to pursue a similar course in the future, as this was merely an instance of incidental charity? And should the fact of his possessing wealth make it obligatory upon him to still enlarge the sphere of his donations, while pious souls from whom like assistance should be sought are now lacking about us, nor are further opportunities for charitable deeds wanting?"

Let us now review this philanthropist under a religious aspect. "It is not only rashness but even an insult to Divine Providence thus to indulge in gloomy forebodings, as the syndie actually does, about what may ensue after your respondent's death. The boundless mercy of the Almighty must surely belie such doleful vaticinations. Mostly all kindred charitable undertakings have had more modest beginnings than the present. Edified by the noble example of original benefactors, others have been incited to follow the wake of those, and have perfected and organized charitable works already inaugurated." But here we must bow assent to Almonester, who from as far back as the end of the eighteenth century addresses us, in this latter end of the nineteenth, with the inspired conviction and impassioned eloquence of the seers of old: "And who dares doubt but what this God-inspired work will also meet with that divine aid which alone can make it enduring, and be the forerunner of many others to come? To speak otherwise would imply a premeditated attempt to stem or drain the copious, overflowing streams of the eternal fount of all good, and to commit the most grievous offence of distrusting infinite mercy. Let us therefore trust that God will also provide for this hospital by inspiring Catholic hearts with a special zeal for its welfare."

Let me now also call your special attention to a very important document which I have had the good fortune to dis-

cover in the city archives, and which should, long ere now, have been in the possession of the Charity Hospital. It is a copy of the cedula of the King of Spain, Charles IV, dated April 23, apparently supplementing several dispositions laid down in his previous cedula, dated April 13, 1793, issued in the interest of Don Andres de Almonester. This latter document, which is in reality the charter of the Charity Hospital, has partaken of a similar fate with that of so many valuable records which are now missing and which will probably never be recovered. That they really did exist in the archives of this institution there can be no doubt, for by a special resolution the City Council, in May 8, 1813, in compliance with a demand of the Board of Administrators of the Charity Hospital, delivered to that board all the documents, deeds and other papers relating to that institution, of which an inventory was made. I have so far failed in discovering this inventory, which would have proved of material importance in confirming the priceless value and identity of documents which might at some future time be of great assistance in building up a history, or in supporting some claims. Nor is it my province to enquire into the causes of this disappearance of so many important papers regrettable, especially its own charter, upon which its very foundation rests. Mr. Marks, the secretary of the board, was kind enough at my request, to apply to the Secretary of State, at Baton Rouge, and was answered that it could not be found in the State archives at Baton Rouge. It may perhaps be obtained through our Minister, from the office of the Department of the Indies, or Colonies, in Madrid. Smarting as I said under the painful conviction that, *after diligent research, it had not been in my power to furnish our beloved hospital with the charter of its foundation*, you can well appreciate how eagerly I seized upon and exhumed from the dusty volumes this unexpected record, and rejoicingly welcomed its discovery as a Godsend that well repaid my efforts, as it ranked next in importance to the original cedula, alluded to above. So also was it a day of triumph for Don Andres de Almonester y Roxas, that on November 6, 1795, when he came forth before the cabildo and produced two royal "Cedulas," or letters patent, one of which referred to certain privileges that had been granted him by His Majesty in connection with the Charity Hospital, while the other

specified the gracious favor also bestowed upon him by the King, that of enjoying the exclusive use of the pew of honor which stands above the main entrance, at the lowermost extremity of the Cathedral Church. Important though it be, the cedula is too lengthy to be read *in extenso*, as all these official documents are, and I must restrict myself to a cursory analysis of its contents; and will only quote such passages as bear more markedly upon the questions then at issue. Almonester had previously addressed the King upon the vexatious opposition he had encountered at the hands of the Governor, then Baron de Carondelet, and of the cabildo. His statement of his grievances must have been quite exhaustive if we are to judge from the King's numerous provisions for their redress. Almonester had applied to the Governor in order to be installed in office as Patron of the Hospital, and after having produced his credentials granted by the King, his demands had met with a tardy compliance that betrayed ill-grace. That his appointment of Dr. Louis Giovellina as successor to the actual physician of the hospital, Dr. James Ledue, had been rejected by the Governor, his protestations to the contrary notwithstanding. He had undergone pecuniary losses from lawsuits unjustly instituted against him, in the course of his purchase of grounds facing the square upon which he intended to build the parochial church, now the Cathedral, and the adjoining Government House. No redress was offered him when, in open audience, he had applied to the Governor, whose proceedings were far from exemplary on that occasion. "As matters now stand," says the petitioner, as he appeals to his King, "instead of meeting with that protection which he had the right to expect in order to encourage him in the prosecution of further important works, he has only encountered vexatious hampering, and has been driven to such extremes of discouragement as should deter any one from prosecuting charitable works or undertakings conducive to the public good."

The following textually reproduces the King's final decree, which is favorably conclusive in petitioner's case, and which from its importance, even though it might prove tediously long, could not here be properly omitted.

"Having duly considered the above in this my council of the Indies, and from the exposition of the case made by my fiscal

(the King's solicitor), who has examined into its merits and particulars, I have deemed it just and meet to declare (as my present cedula doth also declare), that, as regards the appointment of a physician and surgeon to that hospital, and in so much as Ordinance No. 40 grants to petitioner the power of re-exercising his option in the selection of officers and subordinates to the church and hospital, said ordinance is to be duly enforced, and, therefore, Dr. Louis Giovellina, appointed by said Almonester, in his capacity as founder and patron, is to be put in possession of his office, with a monthly salary of \$30, and that during petitioner's lifetime, no confirmation of appointments made by him will be henceforth required, it being only necessary that notification thereof be sent to the Governor, stating at the same time the circumstances that have prompted said action. The aforesaid Don Andres Almonester is to be relieved from the obligation of accounting for his administrative acts in said hospital, as it can not be presumed that he can be guilty of malversation who has so lavishly contributed from his own purse, and whose main ambition, intimately identified with the destinies of that institution, should also aim at a spotless perpetuation of his own memory."

Now for the special personal prerogatives awarded to this favorite of the King, very likely those which he prized the most: "He is authorized to occupy the most prominent seat in his church, second only to that of the royal vice patron (the Intendant of the province), and to receive the peace-embrace (*la paz*) during the celebration of mass. He is entitled to assistance in case of necessity, for, as he has alone assumed the whole burden of the hospital and the safeguard of its income and property, he may very likely, upon cases of extreme urgency, require additional aid. The measures of relief have always been provided by canonical legislation in the interest of patrons, in order to stimulate the faithful in the accomplishment of similar charitable undertakings, and also to manifest the gratitude of the church in return. * * * And, in order that the faithful fulfilment of the requirements of said ordinances should meet with my royal approbation, it is again ordered that the aforesaid Almonester, whatever may occur or he may undertake, is to be treated with distinction, be given support and aid, and be greeted with solicitous regard, so as in future to preclude all

further cause of complaint, as one who has proved grateful to (*grato a me real persona*) my royal person, by the achievement of great works, by drawing so generously upon his own resources for the construction of the Parochial Church, the Nun's Convent, the Charity Hospital and the government's buildings, which had been destroyed by the hurricane and the fire (of 1788). All of which he has accomplished in honor to religion and to the State, of his own free will, and for the edification and encouragement of mankind. Wherefore I do hereby order and command the aforesaid Governor of the Province of Louisiana, and also the Intendant of my Royal Exchequer, together with the judges and justices of the above mentioned province, to keep, comply with and execute this my Royal Decree without contravening it, for such is my royal will."

YO EL REY (The King).

Done at San Ildefonso, August 14, 1794.

Dr. Andres de Almonester died in 1798, but a few years after his reinstatement in the absolute administration of the hospital. This venerated founder, patron and endower of the hospital lies buried in his own church, the St. Louis Cathedral of this city, in a crypt under its tiled floor, and in front of one of the side altars. Upon the marble slab which designates the consecrated spot, we read no over-laudatory epitaph, but only a simple enumeration of his many undertakings of special charity, public beneficence, the proudest record that can ever commend mortal man to the undying gratitude of posterity. In addition to Almonester's perpetual yearly endowment of \$1500, the hospital at this time derived some revenue from real estate property, which being centrally located (on Conti and Bourbon streets), must have possessed some importance. The latter had been acquired from private donations, from its earliest days. Dr. James Leduc had been succeeded by Dr. Louis Giovellina, Almonester's appointee, as house surgeon. Upon looking into the official records, I discovered, with no little surprise, that the doctor was subsequently apprehended and fined for endeavoring to reintroduce the practice of inoculation as a prophylactic for small-pox; which method had been prohibited by the official authorities at the request of the health commission.

* * * * *

Having parted with the Colonial epoch of our narrative, we now enter into the present century, and under the American "regime" we meet with a distinct type of rulers, no longer the contending *cabildos* and governors, but a practical matter of fact set of *mayors* and councilmen, who seemingly act in perfect harmony, and whose administrations entitle them to a deserved appreciation as city fathers. As should have been expected the Charity Hospital was not overlooked by them.

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The admission of Louisiana into the American Union having been effected in 1802, some interval equivalent to an interregnum must have ensued ere the several branches of the new government had organized. Hence the hiatus in the council communications. The mayors had, however, already headed the line of succession of the city magistrates; these were Etienne Boré, an early benefactor of the hospital, and Villeré. As we come down to 1805 we greet the familiar name of James Pitot, the third mayor of New Orleans, who served a brief official term of six months creditably to himself and profitably to his constituents. Glancing over his first messages, we are at once made painfully aware that a sad change had come over the hospital. These messages in firm, unequivocal terms convey official censure. They speak of public dissatisfaction, counsel vigilance and plead for reform. For many instances of abuse of power by the director and subordinates of that institution had been made public, and its unfortunate inmates called for protection at the hands of official authorities. On the other hand, Don Almonester's widow, now Mrs. Castillon, tutrix of her minor daughter Micaela, and acting in her stead in the capacity of patroness, had intrenched herself behind the alleged immunity which her title conferred, and pleading the inviolable character of her rights and privileges resented any interference, in fact defied it. Speaking through her director, she threatened to foreclose and dispose at her option of the hospital's property, should any one, how high soever his position, attempt the least infringement upon her exclusive rights and privileges, alleging that an article of the constitution of the hospital, as originally submitted to the King of Spain and approved by this monarch, would fully justify such an attitude. Nothing daunted, the mayor, in company with a committee appointed by the coun-

cil and of two members of the Health Commission, made an inspectory tour through that institution and reported as follows: "We found everything in good order and cleanly kept. However, the dilapidated condition of the building, the defective apportionment of its several departments, and as the director and house physician themselves, the evident signs of penury which it offers, inspired me with no little anxiety for the fate which awaits the numerous patients whom the sickly season about to set in (yellow fever) will compel to apply there. I make no doubt but what the financial stringency of the present time, which gives rise to general complaint, will be more keenly felt there, as the demands for relief will grow apace with the inadequacy of means to provide for the pressing needs." Further on in another message of John Watkins, who had recently succeeded James Pitot, "upon several occasions have I called your attention to the revolting abuses of authority that are being committed in the Charity Hospital. Often since the commencement of my administration have I had opportunities of recommending indigents, either sick or wounded, to the humanity of Mr. Guinault, the director of the hospital, and have in every instance met with a refusal from this gentleman. Influenced by his course on such occasions, I was far from believing that the city possessed any acknowledged authority to enforce the admission of the poor into that institution. What was my surprise when on the first of this month I received a call from this very same director, who applied to me for a renewal of a money order of \$10 upon the City Treasurer as a quarterly instalment of an appropriation which he alleged had been annually paid by the city to the hospital. I could not repress some surprise and deferred the delivery of said order pending your decision. It is high time, gentlemen, that you should formally make good your claims, as a corporate body, upon that institution; if these can be clearly made out, let the investigation proceed at once at any cost."

Thus the first notes of resistance against the usurping rights and privileges of patronage are made to ring, and as a bugle-blast herald the opening of that protracted campaign which was to ultimately set at rest the untenable pretensions of an obsolete title. The contention now inaugurated between the patroness of the hospital and the corporation of New Orleans, in course of time,

assumed a more serious character. No longer was it confined as it formerly had been to mere measures of reform in that institution; it now aimed still higher, an achievement which necessity imperatively demanded, viz.: the overthrow of the Almonester patronage. Past experience justified this summary decision. Official censure and remonstrance, also public condemnation, had failed to convince the lady patroness of the deep wrongs which her erroneous course had inflicted upon the unfortunate patients committed to her charge. The disastrous results of a petticoat administration were daily more forcibly apparent in the condition of the hospital. It sadly lacked the provident solicitude and broad philanthropy of its venerated founder, now no more. Its walls bore the traces of decay. What with its real estate uncared for and rented out at half the current prices, and its exhausted funds, stintingly supplemented by the patroness and verging on bankruptcy, its very existence seemed to have been imperiled. And all this through the mismanagement of her who (in the Mayor's own caustic appreciation), "seemed to cling so tenaciously to her empty title for the only purpose of doing honor to the wretched beings whom poverty and disease had driven to seek a refuge within its walls." In view of this critical situation and the immediate relief it called for, more efficient measures were sought, and as war was openly declared, these were to be of strategic order, such as are resorted to in the siege of a fortress or citadel when shelling or storming have failed to reduce it—stealthy undermining of its foundations previous to blowing it up then becomes the besieger's last resource.

Hence it was that the Royal Charter, the main basis of the hospital's foundation, was now made a subject of closest study. Its several clauses, and especially those which embodied Almonester's special instructions upon the mode of disposing of the patronage in the event of his dying childless, were critically scrutinized and lengthily discussed. As a result of these investigations, the rights and privileges of the would-be patroness were under the existing circumstances declared questionable. With a view of furnishing desirable information upon the questions now at issue, Mr. Peter Pedesciaux, notary public and formerly clerk of the cabildo, was requested to make out a statement of all the facts relating to the patronage which he

could possibly gather from the old official documents. This statement derives some interest from the unexpected conclusions which it was instrumental in bringing about, and therefore entitled to some consideration. "Don Almonester had died leaving a daughter, Micaela, still in early childhood. His widow, as tutrix and in the name of her minor daughter, applied to the Governor of this province for his sanction of her appointment of Don Francisco de Leyva as administrator of the hospital. This appointment was approved through a decree which also required a security of five hundred dollars from said administrator. This condition proved satisfactory to Widow Almonester, as it bound her appointee to a yearly account of his official conduct. His lordship, the Governor, then requested the alguazil, mayor, or high sheriff, in company with the Attorney General, syndie, to be present on the occasion of the transfer of the administration of the hospital, and these gentlemen having been convened, an inventory was drawn by Mr. Pedesclaux, notary public. The administrator, from that time on, would usually submit his reports to the Governor, and all discussions of matters relating to the hospital were always held in the latter's presence, the ecclesiastic judge or bishop of the diocese and the widow of Don Andres de Almonester jointly participating in the deliberations."

From the formal character of the above mentioned proceedings, the council is led to conclude that the Governor is entitled to some share of control over the hospital's administration. Besides, among the numerous instructions made by Don Almonester in royal cedula or charter, not a single one is to be found that could in any manner justify his wife's actual pretensions to the direct possession of the patronage, as her name is not included among those he recommends for this office, in the event of his dying without issue. He confers these rights to his sister's children, giving preference to those of the male sex, and in the absence of these, to the colonel commanding the militia forces of the city; and further adds that, in the case of the patron's absence or illness, the former should be made to represent him. During the course of her widowhood, Mme. de Almonester never personally appeared in order to transact business relating to the hospital in any other capacity than that of

tutrix of her minor daughter, but whereas she had contracted a second marriage with Mr. Castillon, she has, according to law, virtually forfeited her claims as tutrix, and therefore, in accordance with the founder's instructions, the patronage now becomes the property of the colonel of the militia." The council then (October 9, 1805), decided that the mayor should be requested to take such measures as will induce the Governor to claim and recover the authority which the Spanish rulers formerly held over the administration of the Charity Hospital, and have the title of patron of that institution at once conferred (*risum teneatis, amici*) upon the colonel of the militia. This, then, was the upshot of measures so studiously concerted for the overthrow of the existing patronage. Let my readers decide upon the logic of the above arguments and the validity of conclusion based upon a crudely literal interpretation of the text of Almonester's will—I must confess they smack somewhat of quibbling and chicanery. Still, admitting the soundness of such logic, it still remains for history to determine who in the name of—Mars! was this colonel of the militia? We might have credited him with some importance in the colonial epoch, when the regular military forces were so insignificantly small that it was occasionally required, in the course of defensive operations, to call upon the aid of Indian allies. But with what propriety could a military personage have been made to assume the charge of a civil hospital in time of peace under Governor Claiborne's administration, and under a form of government so totally distinct from the preceding, is a question that scarcely deserves an answer. Yet such would have been the case had the council's design been executed. Still, as with the Romans of old, "*delenda est Carthago*," the edict had gone forth, yet its consummation had seemingly been delayed. The patronage together with its objectionable features had survived. Months and years had elapsed, when lo! a calamitous event as unexpected as it was deplorable, paved the way for its ultimate overthrow. Almonester's new Charity Hospital of St. Charles was burnt to the ground. Its destruction took place during the great conflagration of 1809, in the night of the 23rd of September. Rescued from the burning flames, under the supervision and through the unrelenting efforts of Mayor James Mather, the unfortunate patients were temporarily quartered in the gallery on the upper floor of the

City Hall, where they were allowed to remain scarcely over twenty-four hours. They were then transferred to Mr. Jourdan's plantation below the city, where they occupied one-half of his residence, in consideration of a monthly rent of \$125. This locality must have been a little below the site of the present Convent of the Ursuline Nuns; one of the avenues bearing the name of the former owner and occupant is now known as Jourdan's avenue. Their sojourn in these new quarters was not, however, long—six months had scarcely elapsed ere they were ordered to leave, Mrs. Jourdan having claimed the entire occupation of her home. Thus provisionally quartered, the patients, as might have been expected, fared very ill. Deprived of blankets, bedsteads, and at times of the strictest necessities of life, they were made liable to die from exposure and privation rather than disease. Mrs. Castillon, while she applied through the director for subsidies which she alleged the city had in times past allotted to the hospital, still lent a deaf ear to the Mayor's remonstrances upon her indifference. "Referring to the matter now before you," says Mather before the council, "I counseled her to materially consider whether she should still persist in managing the affairs of the hospital, as it appeared questionable that the Almonester family were any longer entitled to their former rights to the patronage, and whether it would not be preferable that she should relinquish them at once, their possession having heretofore proved a source of so much annoyance to her."

The condition of the Provisional Hospital, if thus could be called the pitiable wreck of once a most prosperous institution, had grown so critical; the cold indifference of its patroness so revoltingly persistent, that more energetic efforts were exerted to bring about the much coveted reform. The Legislature was addressed to that effect and the situation clearly exposed. While the patroness on one hand pleaded that the present situation was the result of a calamity of an extraordinary character, and being unforeseen had not been provided for in her late husband's will; hence she could not be held answerable for the exigencies that had newly arisen. The corporation, on the other hand, contended that unless she were to rebuild the hospital she could no longer retain any claims upon it. In other words, the existence of the foundation was inseparably connected with that of the

hospital; and lastly, but not less emphatically, they remonstrated against the heavy charges which the already overburdened municipal government was made to assume while lending pecuniary aid to the hospital.

In the course of researches then minutely pursued in the original official documents relating to the hospital, a startling disclosure of an almost scandalous character was unexpectedly brought to light. The original inventory of the real estate of the hospital, when compared with a second, drawn at a later date, revealed the regrettable fact that "during the interval of five years which had elapsed between Don Almonester's appointment and his death, the real estate property of the hospital had already been made to undergo material alterations, not that the number of houses had been in any manner curtailed, but exchanges and substitutions had in some cases been obviously made for several lots and houses that did not appear in the original inventory." In short, the original list had been tampered with. It would prove too tedious to follow the carefully drawn details of the mayor's exhaustive exposition of the case. It, however, goes to prove how zealously our first mayors watched over the welfare of our public institutions. Another discovery, still more unexpected, was in store, so much the more deplorable, as it implicated the very founder of the hospital. It is needless to observe that I have endeavored, in this instance, to render the mayor's own words, by means of a most scrupulously accurate translation, owing to the gravity of the case: "The death of Don Andres de Almonester gave rise to investigations of the hospital's financial situation. Mr. de Pennflor, then bishop of Louisiana, whose name will ever be endeared to the poor, as well as to the friends of humanity at large, gave his special care to the investigation of these accounts. He therein discovered that the estate of Don Andres de Almonester was indebted to the hospital to an amount of \$6344 and 3 reales—and requested the Governor to enforce its restitution." Mr. de Salcedo gave assurances to the bishop that he would attend to this claim, and thereupon transmitted the bishop's letter to Mme. de Almonester. In reply, this lady alleged that she had failed to discover among the papers of her late husband any document that could lend a support to the bishop's claim—that, furthermore, the Royal Cedula dispensed her husband from the obligation of effect-

ing any settlement, and in deference to the Sovereign's desire, no further steps should be taken in this matter. Nevertheless, on July 9, 1802, Dr. Thomas Harret, to whom the administration of this diocese had been committed, having applied to Governor Saludo, again insisted upon the restitution to the Charity Hospital by the heirs of Almonester of their indebtedness of \$6344 and 3 reales. Matters thus stood until the cession of this province to the United States. The change of government did not, however, deter the members of the municipal corporation from looking into the merits of this contested claim. One of our most distinguished fellow-citizens, the late Mr. James Garrick, applied for a decision, to the Marquis of Casacalvo, then commissioner of his Catholic Majesty, and entrusted with the negotiation of affairs pending between the Spanish Government and this country. Through an official communication, dated February 6, 1805, and addressed to Mr. Pitot, then mayor of this city, the commissioner of the Spanish Government declared that "Whereas the heirs of the late Don Andres de Almonester had failed to produce documentary proofs whereby they might refute the wise and just conclusions of His Grace, the Bishop, he could not decide otherwise than in favor of the Charity Hospital, in this case of restitution by the Almonester estate, of \$6344 and 3 reales, despite the reasons alleged by his widow, and already refuted by the above prelate. Viewing this administration as a whole, and critically appreciating its acts, we can not but deplore the present condition of all that relates to it. The hospital's real estate property appears to have been tampered with. There are no longer any slaves attached to its service. Their number had already been found considerably lessened at the time of the patron's death. The property of this institution seems to have been long ere this rented at exceedingly low prices. With the exception of two buildings that have been erected by the bishop, after Don Almonester's death, all the remaining houses are in a decaying condition, although the amount due by the patron's estate would have more than amply sufficed to cover the cost of their repair and renovation.

"It is impossible to remain any longer silent upon the fatal results of such mismanagement without incurring the charge of countenancing the reprehensible conduct of the lady to whom this administration had been confided, and what is still worse, to

connive at the dilapidations that have very likely been perpetuated during her patronage rule, which we would certainly do if we failed to call attention of our magistrates to the errors of her past and present administration of the hospital's profit and revenue. * * * We should, in truth, venerate the memory of him who signalized his life by the legacy of the noblest monument that can entitle him to the blessings of a grateful posterity; yet, on the other hand, we can not longer tolerate any attempt by his widow to divert his generous intentions from the course he originally contemplated. His liberality to the sick indigents justifies our conviction that while lavishing so large a share of his resources on the hospital, he aimed at doing the most possible good to suffering humanity. The only reflection which we regretfully state might cast some disparagement upon his memory, is that of having, through deference and condescension, to which his family could not rightfully pretend, sacrificed the rights of the poor. * * * The lawful validity of these condescensions can, however, no longer be at present sustained by his family. * * * The facts I have advanced and the motives I have hereabove made good should convince us how necessary it is to avert the impending ruin of this institution by resorting to a forced liquidation of its total indebtedness. Not only does a sense of humanity urge it upon us as a solemn duty, but also, I dare say, any delay on our part in the investigation of this question would imply a betrayal of public confidence. I would then propose to the city council to seriously consider whether it would not be wise to appropriate from \$4000 to \$5000 for the repairs of the three houses belonging to the hospital that are now crumbling down, and at the same time request the Attorney General to file a petition to the following effect:

"First and foremost—To proceed at once to an auction sale of all the rents accruing from the buildings and further property of the hospital.

"2d. To have a commission appointed by the court, to be composed of (omitted in the original text), for the purpose of proceeding, contradictorily to the patroness or her counsel, to a liquidation of the hospital's accounts, set forth in the books or papers, which she should be compelled to produce in court, and which will besides afford the means of verifying the nature of the property which constitutes a part of the en-

dowment of this hospital; a record of which is to be made and presented in court, to be homologated, in case there be no opposition.

JAMES MATHER, *Mayor.*"

While the mayor thus discussed at length the rights and privileges thus attached to the patronage, as they were then questionably exercised, and subjoining disclosures little calculated to edify the public, the council, on the other hand, lost no time in pursuing active measures, with the obvious design of overthrowing that objectionable authority. "Without prejudging whether the heiress of the late Don Almonester could still lawfully maintain her claims to the patronage of the hospital, notwithstanding the latter's destruction by fire, and her failure to rebuild it; and, furthermore, considering that her title as patroness did not invest her with the authority of arbitrarily disposing of the revenues of an institution of that character, but that this title should rather impose upon her the obligation of watching with parental solicitude over its property, and of administering it most advantageously to the poor; and

"WHEREAS, both the city and Territory had already been subjected to considerable expense, having been made to assume the payment of the rent of the house in which the provisional hospital is now quartered, besides purchasing such articles as are indispensable to it, and whereas, it becomes the mayor's duty to seek the means of reforming the total administration of said property, as he can no longer remain silent upon its evil consequences; be it

"RESOLVED, That the mayor, in the name of suffering humanity, and acting in the capacity of a police magistrate, be requested to address a petition, through the city attorney, to his Honor, the judge of the parish of Orleans, to the effect of ordering the heretofore patroness of the Charity Hospital of this city, or her curatrix in her stead, to proceed at once to a public auction sale of the rental accruing from the buildings, stores, slaves and all other immovables of said hospital, and also to produce a statement of unexpired leases, in order to enable the council to cancel such as would not have been made on terms strictly advantageous to the hospital."

The frequent appeals to the corporation for pecuniary aid, resulting from ill-management, fully justified the active prosecu-

tion of measures conducive to the overthrow of the patronage rule and the assumption of exclusive control of the corporation over the institution. A petition sent two years previous to the Legislature had failed to secure its arbitration upon questions at issue; but it had, however, granted an appropriation of \$2000 from the territorial funds, as a charitable measure for the relief of the poor. This appropriation was to be held subject to the corporation's orders, and intended to aid in the reconstruction of a new hospital. Since an early date, in fact immediately after the fire, this project had engrossed the council's attention. Many had been the schemes, by turns, entertained and laid aside, which, from their multiplicity and their desultory character, betrayed little or no fixedness of purpose. No definite results had as yet been reached. Meanwhile, patients formerly housed in the Jourdan's plantation, and thence transferred to the La Vergne residence, were almost reduced to starvation, so much so, indeed, that on one occasion the hospital's employees, poor though they were, had been compelled to contribute from their own scanty means for the weekly sustenance of the neglected patients. They were made to sleep upon the damp, bare ground, the wooden flooring having decayed and no longer offering protection. The nursing of the sick was so indifferently ministered that, using Mather's own expressions in one of his messages, "No one, however wretched and poor, will now consent to be committed to that hospital." Let it also be borne in mind that during these years of hardship and destitution, to the unfortunate inmates of the hospital, epidemics of the yellow fever swept over the city, carrying havoc and panic in their dismal path. Never in the annals of the city's history had the demands for a well organized hospital grown more urgent. Even the hospital's medical administration betrayed strained relations with the municipal authorities. Dr. Blanquet, very likely Dr. Giovellina's successor as house physician, had been censured and made to submit to the requirements then and long before prescribed for the practice of medicine, viz.: an examination by a medical commission appointed for that purpose by the mayor. Glancing over the council's proceedings we read his letter, bitterly representing the enforcement of the law in his case. In a communication to the council he alludes in emphatic terms to the "in-

decent" treatment he had met with at the hands of a visiting committee from the council; very probably he had been made to undergo some of the odium which the mismanagement of the patroness had drawn upon that institution as well as all those who were officially connected with it. We, however, derive some pleasure in ascertaining that its director, Dr. Sanchez, the grandsire of one of our most esteemed creole families, had given much satisfaction, and justified the mayor's special recommendation that some additional remuneration be allowed him, as a grateful acknowledgment of his efficient services. Among the several proposals for a site upon which the projected hospital was to have been built, that of Mr. Marigny was for some time favorably entertained. This piece of ground together with improvements was in the faubourg Marigny, a goodly portion of the now Third District. A fish market, or *poissonnerie*, stood in its immediate vicinity. Mr. B. Marigny tendered this location as a gift to the city. It was to have been devoted to charitable purposes, in the event that it would not prove acceptable for a hospital. That no importance had been allowed to the original site on Rampart street should cause no surprise. The city's limits having spread to a considerable extent in that direction, it was judged desirable that a hospital such as was contemplated should have been allowed more space; at all events, from the very nature of the contagious and infectious diseases then prevalent, it should have been located beyond the limits of the city proper. Further consideration of Mr. Marigny's offer was dismissed, and the year had scarcely expired with its trying perplexities, its many projects now favorably entertained, then discouragingly abandoned, in fact no definite result had as yet been reached, when the patroness and her curatrix, Mrs. Castillon, through her attorney, Mr. Derbigny, addressed the council in the following terms: The patroness "acknowledges that the change of domination in this territory had so altered the character of her rights and materially influenced the situation as well as the course of this hospital's administration that she has grounds to apprehend that the least misunderstanding between the city authorities and the lady patroness might jeopardize the existence of that institution. She furthermore sets forth that the patroness and her curatrix fully appreciated the necessity for

a mutual agreement between the government and the patroness that would forever set at rest the pending contention; that the patroness cares little for her prerogatives, but would rather derive some satisfaction from the relinquishment of her rights to the hospital to a public corporate body upon which should devolve the supervision of an institution destined to promote the welfare of the community; that she and her curatrix would only ask in exchange, the privilege of being put in possession of the property situated in the basement of their actual residence without any prejudice to said hospital, and to that effect, the patroness, together with her curatrix, offer to redeem said basement story, for and in consideration of an amount which would at once furnish the corporation with means that would go to aid in the building of a hospital, upon such site as it would select; that with this object in view, said patroness, together with her curatrix, are willing to make an offer of \$18,000, payable in cash, and that in case this offer prove acceptable, the patroness relinquishes all the rights which she may possess over the hospital; that, in truth, the corporation is not empowered to complete the present agreement; but should the corporation accept the proposition, the patroness and the curatrix would apply to the territorial legislature in order to have the corporation vested with powers to negotiate. This measure, though it may lack some desiderata that might give fuller security to the agreement, is at present the only practicable one, and offers a sufficient guarantee to the patroness to induce her to adopt it without any further misgivings."

The above was the signal preceding capitulation. The strong arm of the law had effected what moral suasion had for many years failed to accomplish. Preliminaries were gone through. The Legislature had granted the patroness's and the corporation's joint request on February 20, 1811, and the draft of an act of agreement had been submitted to the council and subsequently signed by the mayor. The relinquishment of the patronage and all its rights and privileges previously conferred by his Catholic Majesty upon Don Andres de Almonester y Roxas, with reversion to his heirs, direct or collateral, was effectually made by Mrs. Castillon, acting as curatrix in the stead of Miss Micaela de Almonester, the virtual patroness of the Charity Hospital of St.

Charles. This took place on the 9th day of March, 1811. The conditions under which this relinquishment was agreed upon were on the part of the patroness for and in consideration of a sum of \$20,000, one-half payable in cash and the balance six months later on her promissory note bearing 10 per cent. interest per annum; on the part of the city the removal of the encumbrance upon the rents of stores in the basement story of the actual residence of the patroness and thereby the redemption of said story. Later on, in May of the same year, this payment was made in full with the council's consent. This sum of \$20,000 was deposited in the Bank of Louisiana and credited to the hospital. The Legislature had empowered the corporation to act in the temporary capacity of administrators of the hospital and to be the custodians of its moneyed property, with instructions to apply it to the construction of a new hospital. But not only did the corporation stand in the light of a paternal supervision of that institution; it also stood as its creditor. An indulgent, if not a strictly generous one, it had thus far proved. Since the very epoch of the fire until May, 1811, it had already disbursed \$2718.37½ to support it; had paid the rents of both the Jourdan and La Vergne houses, besides purchasing necessary furnishings and medical supplies. The Legislature's appropriation of \$2000 being deducted from the above sum an excess of \$718.37½ was left chargeable to the hospital. Besides, the immediate results arising from its sudden deprivation of the monthly income of \$150 accruing from the rents of the stores on St. Peter street were readily realized. Hence it was that a further petition was sent to the Legislature setting forth that the amount (\$20,000) proceeding from the relinquishment barely sufficed to defray the cost of building of such a hospital as contemplated, viz.: one which would be destined for the reception of patients from the whole territory, as well as from the city. They therefore petitioned the Legislature for a supplementary appropriation (the amount being left to its option) to aid in the construction of a hospital of this nature, thereby following precedents long established in other parts of the Union. They also asked to be authorized to dispose of such real estate of the hospital which they would deem most suitable for the purpose of realizing an adequate income to meet current expenditures,

which, in their judgment, could be best effected by means of a perpetual annual ground rent. *They further asked to be dispensed from the obligation of building a hospital in case they should be offered an opportunity of purchasing a building that would answer all the requirements of a hospital*, and finally that the sum of \$718.37½, which was the hospital's indebtedness, should be reimbursed them from the territorial funds. A draft of this petition had been submitted to the council March 23, 1811, on which occasion some irregularity was indulged in; whereas, its proceedings should have been spread in their entirety upon the minutes, a very important measure had been omitted with the unanimous consent of the members then present. I refer to the purchase of the Brognier-De Clouet place, the contemplated site of the new hospital. Messrs. Robelet and Fontane having been authorized by the mayor to transact this business with Mr. P. Cuvillier, owner of the above plantation, then reported that they had purchased to the hospital's account the main residence and the lot upon which it stood together with six adjoining lots, for and in consideration of \$15,200—of which \$10,000 was payable cash from the hospital's funds and the balance six months after date. This hasty purchase, this rash disposal of so large a share of the funds which an impoverished hospital had lately acquired at so great a sacrifice, with no assurance that the Legislature would come to its aid by means of a supplementary appropriation, provoked expressions of censure from a member of the council. Mr. Blanque bitterly denounced the surreptitious manner in which the proceedings of the former meeting had been conducted, and declared that inasmuch as they had not been spread upon the minutes, they were to be considered null and void. But his voice was hushed and his protest unrecorded. He was however informed that for motives which they did not express, and upon which as an impartial narrator I am not entitled to comment, the members of the council had unanimously pledged themselves to keep secret the nature of these proceedings, pending negotiations. This purchase of the Cuvillier house on the Brognier-De Clouet plantation, in the De Clouet faubourg (very likely in the vicinity of the street that now bears this name in the Third District), was, however, destined to be a thorn in the side of the corporation. Despite the pretentious claims of its purchasers to its being a superior location for a hospital, it

was never used for that purpose. A most energetic protest was entered by the residents of that locality against the establishment of a pest-house in their immediate vicinity. During many years it remained an incubus upon the city corporation. Uncared for by the municipal authorities, it received no better treatment from its ill-disposed neighbors. Its battered-down fences, its broken-in doors, its grounds and gardens trampled and disfigured by loose roaming cattle, fully attested the universal odium which its projected destination had earned for this Cuvillier house. In later years during a severe epidemic of yellow fever, it was converted into a temporary hospital by the Ursuline nuns, whose convent was not far remote, and finally became a picnic resort known as "Frascati." So much for the Cuvellier house, which the corporation, while settling its last accounts with the hospital, and after many fruitless attempts to secure a fair price for it and its several adjoining lots by auction sale, finally parted with it in 1817.

On the 23d of April, 1811, the Legislature provided, through a special act, for a thorough organization of the administration of the Charity Hospital. The Governor, its *ex-officio* president, was authorized by the above act to appoint six gentlemen, to serve as administrators, while on the other hand, the city council was to appoint three of its own members for the same object. Thus far the Governor's appointees had been Messrs. Felix Arnaud, Dow, Joseph Montegut, Butler, Bellechasse and M. Fortier. The announcement of this act to the council, through the mayor, gave rise to a violent discussion, which culminated in a resolution opposing this measure, adopted by a majority of nine votes. A minority protest was formally drawn by three members—Messrs. Blanque, Marigny and Lanna, and laid upon the secretary's desk, to be inscribed upon the minutes of that meeting. These pleaded their unwillingness to question the constitutionality of the act, and by openly resisting legislative measures to implicate themselves, together with the city, by an unlawful course, which would entail upon both a legal condemnation and its accompaniment of heavy costs.

What motives could have induced the members of the council to adopt this almost revolutionary course? Neither the mayor's messages nor the minutes of the council's deliberations can furnish us with a satisfactory solution. However, with the aid of

some little perspicuity, I might almost say shrewdness, the enigma might possibly be deciphered. Reading between the lines, and through their guarded expressions, as we look over the minutes of their meetings in May and June, 1811, we might be led to infer that the alleged illegality of the above act of the Legislature was not the main ground upon which their resistance was based. Might it not have arisen, as the sequel will confirm, from their secret disinclination of being held to a strict account of their late indiscriminate disposition of the hospital's funds in the purchase of the Cuvillier house. Hence their misgivings, hence their opposition to enter into the composition of the board. Meanwhile the assistance of such able counsel as Messrs. Moreau, Lislet, and Livingston had been called. Mr. Grymes being then the attorney for the territory. Mayor Mather, who had been an active participant in the purchase of the Cuvillier house, now counseled circumspection, "lest they should rashly commit themselves," and admonished them to signify their willingness to comply with the requirements of the above legislative act, provided its constitutional merits be favorably decided upon by the superior court. A decision having been rendered favorably to the act, and some opposition, or rather demurring, being still persisted in by the council, its president and members were ordered to appear before the aforesaid court and show cause wherefore a writ of mandamus should not be issued against them in order to enforce their compliance with the requirements of the aforesaid legislative act. This legal measure finally set at rest all further contention, and on November 6, 1811, Messrs. Robelot, Castanedo and S. Henderson, members of the council, were elected to make part of the board of administration of the Charity Hospital. Thus, apparently, for the nonce all further connections seemed to have ceased between that board and the city council, and words to that effect were inscribed upon the minute book, at the request of the members then present. At its next meeting, however, the council, upon a motion of Mr. Blaque, decided to have these expressions erased, which was accordingly done.

A noteworthy incident, forcibly illustrative of the precarious condition of the hospital during the epidemic of the yellow fever of 1811, is an appeal from the mayor to the *fabrique*, or board of trustees of the St. Louis Cathedral. These having, upon mere

technical grounds, denied some helpful contribution from the church funds, Fray Antonio de Sedella, the historic Capuchin monk, then curate of the Cathedral, personally answered the mayor's call, who thus describes their interview: "In justice to Pere Antonio I should bear witness that, on this occasion, he manifested as much good will as could have been expected; having expressed his conviction that the vestrymen of his church were determined to take no action on this matter, he remitted in his name and from his private purse a sum of \$20 to be applied to the purchase of necessary articles for the hospital." These were to consist of bedsteads, sheets and mattresses, then sadly needed, in that fatal September month, with a restricted supply of bed sheets, scarcely 104 in all. While admission daily increased, the unfortunate patients, as they were freshly admitted, were made to use befouled sheets and mattresses almost immediately upon the removal of the dead occupants. Nor were disinfecting measures applied, under these trying circumstances. Thus was the situation, with all its gruesome particulars, fairly exposed to the council, by Dr. Martin, then physician of the hospital.

A native of Provence (France), Dr. Martin was a physician of no little ability, who had earned quite an enviable reputation with the French-speaking population of our community. A dogmatic adherent of the old French medical school, a strict observer of the forms and conventionalisms of the old regime with powdered hair and queue and frills he stately stalked, a striking counterpart of the venerable Recamier of the Hotel Dieu. In 1853 and several years after, his son, Dr. Edouard Martin, was the attending surgeon of wards 6, 8 and 10, of the Charity Hospital. He died during the late war while acting as medical director of General Mouton's corps in the Trans-Mississippi Department of the Confederate Army. I was at one time, while an interne of the Charity Hospital, assigned to his wards, and was honored with his friendship.

Following the instructions of an act passed by the Legislature, April 25, 1811, a committee of two members of the board of administration of the Charity Hospital made a formal demand upon the council in order to recover all the removables and immovables, of the moneys, documents and other effects belonging to the hospital, which request was readily granted.

It would, therefore, appear from the above action that some autonomy had been granted to the board. Still inasmuch as the council was represented by three members in the composition of the above, it could not be said that relations between these two bodies had been altogether severed. Following close upon the above summons, December 7, 1811, a still more important demand was made by the same committee previously appointed by the hospital administrators; for a reimbursement of \$20,000 which the corporation had received on the occasion of her relinquishment of her title and claims from the heretofore patroness of the hospital. To this peremptory demand the following answer was made: "True, this money had been remitted, as above stated, by the patroness to the corporation. Yet, exercising the rights vested in the patronage which had been transferred to them by the Legislature, the council had employed a portion of these funds in purchasing an eligible location and suitable buildings for the purposes of establishing a hospital, and now held safely deposited in the Bank of Louisiana a balance amounting to \$4800. They further set forth that the hospital was already over \$3000 indebted to the corporation, that the latter were disposed to forego the above claim, and moreover, to donate the hospital with the proceeds of the sale of twelve lots in the Marigny faubourg, if its administrators would but consent to assume at cost price the location and buildings lately purchased in the Brognier-De Clouet plantation." This offer was rejected by the administrators of the hospital. From what can be gleaned from the council's proceedings at that time, it would seem that the corporation harbored designs of building an independent hospital of their own, whilst on their side the board had resumed their former intention of rebuilding upon the old site of the Almonester Hospital on Rampart street. I will not, in the present juncture, lead my readers through the intricate maze of the numberless propositions and counter-propositions then offered looking to a mutual adjustment of accounts, each party striving to secure the most advantageous terms in bargains that sadly lacked the self-denying promptings of original benefactors. A definite and satisfactory result was finally reached January 14, 1813, when a committee from the hospital (Messrs. Percy and Dueros) read at a special meeting of the council resolutions adopted by

their board on the 12th inst., wherein the actual inability of that board to meet the expenditure incurred in the course of the administration of said hospital was clearly set forth, and, so also, their intention to petition the Legislature for an authorization to make an abandonment of all their control over said hospital in favor of the City Council of New Orleans. They further requested the council's co-operation in the framing and addressing of said petition to the Legislature. The council readily assented to the above propositions, which very likely they had already for some time expected; still some delay was incurred, the council having failed to stipulate the conditions under which they would have accepted the proffered charge. About this time and a little previously, the board, or council (as it was then called) of administration of the Charity Hospital was composed of eight members appointed by the Governor, with the consent and advice of the Senate. In 1814 a momentous era dawned upon that institution. It was signalized by a voluntary surrender of its administration into the hands of the City Council of New Orleans. Negotiations favorably entertained and successfully conducted led, as a finality, to the building of a hospital upon the square bounded by Canal, Common, Philippa and Baronne streets, subsequently known as the State House square, and still more lately as the University Block. It was sold by the city to the hospital for \$5000, which were to be deducted from the city's indebtedness of \$20,000 to that institution. The council was to be allowed the custody of the balance due, and were to remit quarterly instalments, accruing from a 10 percent. upon said balance. These were to be made payable in advance, and, whenever emergencies would arise, additional payments would be called upon to meet the demands of the builder of the projected hospital. Terms and conditions having then been satisfactorily agreed upon, the construction of the NEW ORLEANS CHARITY HOSPITAL was inaugurated in 1815, with Dr. McConnell as house surgeon. Dr. John Rollins occupied that position in 1823, and was succeeded in 1827 by Dr. David C. Kerr, a British surgeon, who had been left in charge of some of his countrymen, wounded on the 8th of January, 1815. He subsequently married and made New Orleans his home.